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MULTIPLE RODENT ULCER.

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and

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H.M., male, æt. 30 years, of no occupation, is of weak intellect, and is unable to give an accurate account of the sequence of events leading up to his present condition, which started about six years ago. He has no knowledge of any other member of the family suffering from a similar condition. On examination, the disease is observed to be confined more or less to the central horizontal third of the face. It is situated especially around the eyes, the naso-facial folds, and the adjacent parts of the cheeks,

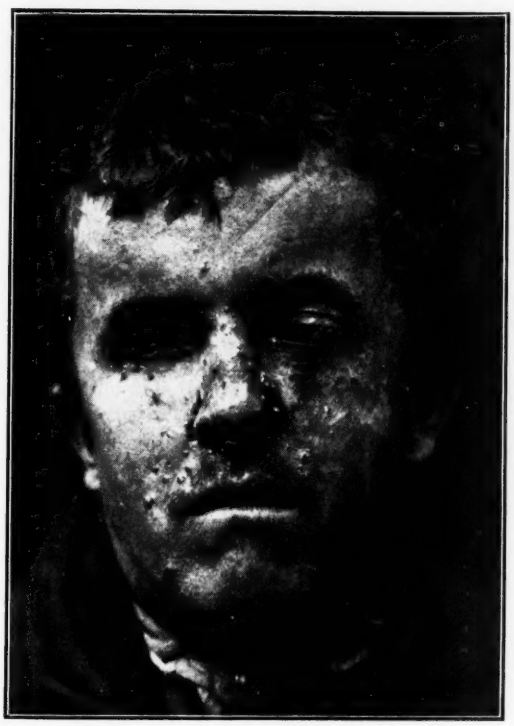


Fig. 1.

whilst a few of the lesions are situated on the forehead and around the mouth. The eruption consists of discrete raised nodules; some have the colour of the normal skin, whilst others are pearly white. One or two of them are of a reddish tinge, and vary in size from that of a pin's head to 5 to 6 mm. The eruption comprises 30 to 40 such nodules, some of which show breaking down in the centre. There is a shallow ulcer 8 mm. in length, affecting the external ciliary border of the left lower lid, whilst a similar shallow ulcer occupies almost half of the right orbital cavity. The eye was enucleated two and a half years ago, on account of an ulcer invading it. Below the left eye there is a crusted ulcer 10×5 mm., and another is situated just outside the external canthus of the right eye. None of these ulcers showed the characteristic raised, pearly edge frequently seen in rodent ulcer.

Fig. 2.

Over the left malar region there is an irregular scar, produced by the action of radium, whilst the nose shows some fine atrophic scarring. Situated over the left *ala nasi* there are two somewhat verrucose-looking growths, about 3 to 4 mm. above the surface, the larger 20×12 mm. and the smaller similar growth 10×7 mm. These have been present for eighteen months. They started as small warts, and increased gradually to their present size. They have now been stationary for some time.

According to the statement of the patient, he had a considerable number of applications of X-rays,

with long exposures. Radium and carbon dioxide snow have also been applied.

A nodule was excised above the upper lip, and on section the growth was shown to be slightly ulcerated at one point, and to be composed of masses of epithelial cells, somewhat oval in shape, with a deeply staining nucleus, and little protoplasm. These cells are closely packed and surrounded by a marginal palisade layer. In one or more of these masses degenerative changes are to be noticed, in that the cells take the stain faintly. Cysts are also present in some of them. Between the epithelial masses is a highly cellular connective tissue. The latter becomes more fibrous in the outer part of the growth, where several small cell collections containing plasma cells are also observed. Lanugo hair follicles are also present.

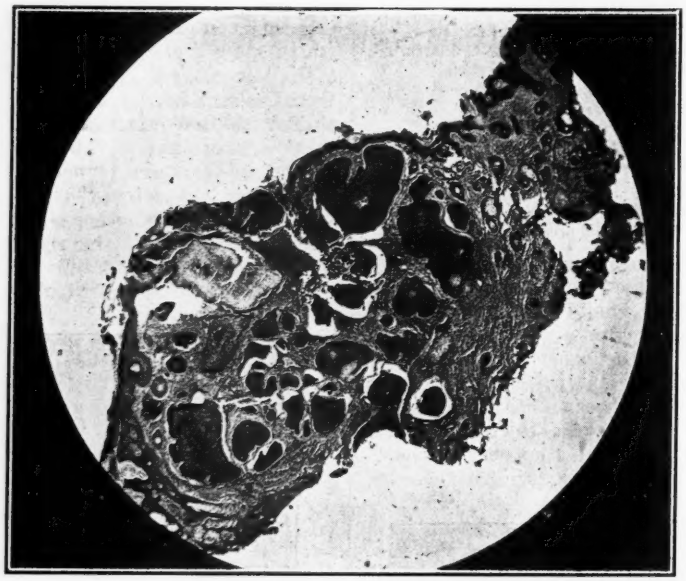


Fig. 3.
Microphotograph of Section of Nodule.

Fig. 4.
Microphotograph, showing the Character of the Cells composing the Epithelial Masses, also the Connective Tissue (× 250).

A portion of the growth from the left *ala nasi* was removed for pathological examination. It was found to be composed as follows. The *stratum corneum* was greatly thickened; the cornification was imperfect, many of the cells containing nuclei. The prickle cell layer was also greatly hypertrophied, with downgrowths of the interpapillary processes, beneath which a dense cellular infiltration invaded the *corium*.

Diagnosis.—The raised, warty growths on the nose are doubtless due to chronic X-ray dermatitis, and must be considered to be a phase in the development of X-ray carcinoma.

In considering the main eruption, two diseases come under surveillance, which show a very close clinical and histological relationship to one another, *i.e.*, multiple rodent ulcer and *epithelioma adenoides cysticum*. The following extract from an article by Dr. Adamson* bears on this differential diagnosis in a succinct manner: "In the *Lancet* of October 17, 1908, I published an account of two cases of multiple rodent ulcer, and drew attention to the close resemblance between the histological features of multiple rodent ulcer and the benign nævoid growth known as *epithelioma adenoides cysticum* of Brooke. Both these affections are epithelial growths derived from those cells of the basal layer of the epidermis, which are normally destined to become pilo-sebaceous follicles, in one word, both are *tricho-epithelio-mata*. They differ mainly in that rodent ulcer tumours appear late in life and tend to ulcerate, whilst the benign form appears in childhood, and does not ulcerate. They have the same distribution, and before ulceration of the rodent tumours the same clinical appearance. That these affections were in some way related was not a new view, and Jarisch had already suggested the name *tricho-epithelioma papulosum multiplex* for Brooke's disease, and *tricho-epithelioma papulosum rodens* for multiple rodent ulcer."

In opposition to this authority, White, Jarisch and

* *The Lancet*, March 21, 1914.

Stelwagon have recorded cases as *epithelioma adenoides cysticum* in which ulceration has taken place. These cases are not accepted by Dr. Adamson as such. The pathological relationship shows a striking similarity in the constituents of the actual growth itself, the main difference being the highly organized fibrous tissue which circumscribes the growth in *epithelioma adenoides cysticum*, whilst in multiple rodent ulcer the epithelial masses, together with its cellular stroma, is diffused into the surrounding part and shows collections of plasma cells in the outer borders of the growth. It will be seen from the above differential diagnosis that the present case has many features in common with *epithelioma adenoides cysticum*, but if ulceration of the tumours is to be considered a feature peculiar to multiple rodent ulcer, then this case must be looked upon as one of multiple rodent ulcer.

Reports of Cases.

A CASE OF SEPTICÆMIA WITH PULMONARY SYMPTOMS, POSSIBLY DUE TO BAC. ANTHRACIS.[1]

By **M. Graham Sutton, M.B., Ch.M. (Syd.),**
Brisbane.

J. M., butcher, married, æt. 33, native of Queensland, was admitted to the Brisbane General Hospital on April 21, 1915, complaining of pains and weakness in the legs and general malaise. The temperature was 102.4°, the pulse-rate 120, and the respiration 30.

The patient stated that he had had influenza three weeks prior to this illness, from which he considered he had recovered. One week before the commencement of the present illness he got a wetting in a storm. Three days before admission he experienced pain and weakness in the legs, coming on gradually. On admission, the patient did not appear to be very ill. He was a well-developed man, in a good state of nutrition. There was no jaundice, cyanosis or dropsy.

The alimentary system was normal.

The respiratory system was normal, except for a slight increase in the respiratory rate.

The cardio-vascular system was normal.

Nervous System.—The knee-jerks were not obtainable. There was a flexor response to the plantar reflex. The pupils were equal, and reacted to light and accommodation.

Ambulatory System.—Tenderness was present in the left thigh, anteriorly and on inner side, and posteriorly, especially along course of the sciatic nerves, more marked on the left side. There was pain on movement of the left lower extremity, and to a less degree of the right.

Cutaneous System.—A few dried-up furunculous-looking sores on the extensor surfaces of hands and forearms were noted. An urticarial rash was present on the abdomen, chest, and back. The patient had had urticarial rashes previously.

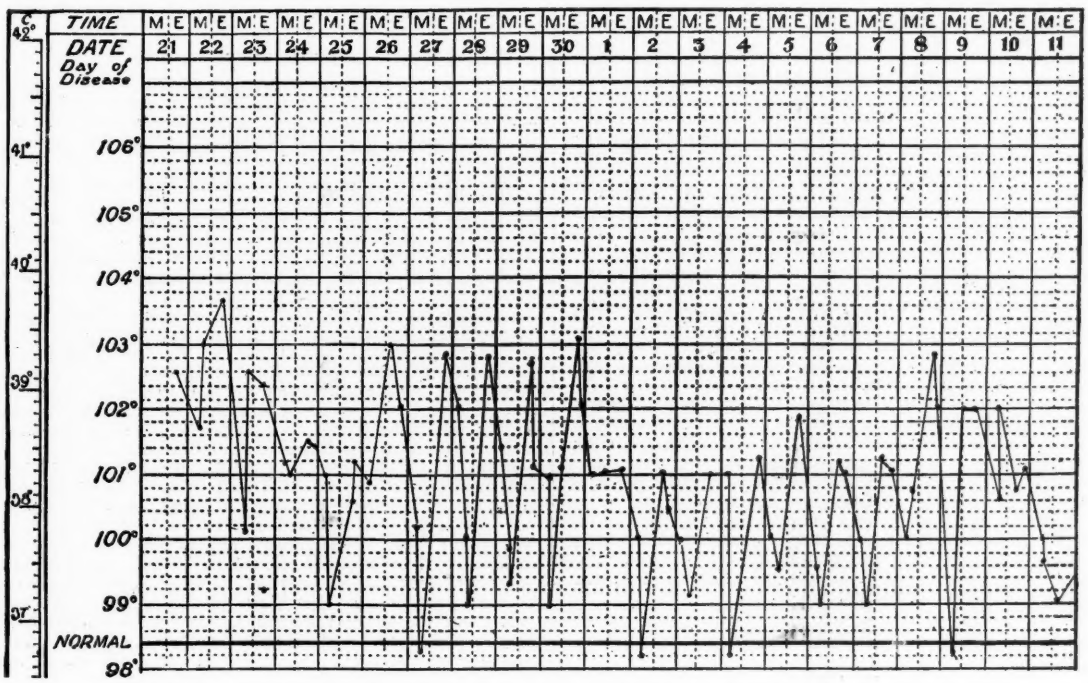
Urine.—Sp. Gr. 1,020; alkaline; faint cloud of albumin.

On April 22, 1915, the day after admission, the respiratory rate was 48 per minute. His breathing was distressed, and he appeared to be very ill. No physical signs were detected in the lung. The temperature was 103.4°, and the pulse 104. For the next few days, he felt comfortable, except for pain in the left hip, extending down left thigh.

On April 25 he complained of pain in the left side of the chest on taking a deep breath. He kept on muttering to himself, and at times talked nonsense. The pulse was irregular. His temperature dropped to 99° in the afternoon of the same day, and he appeared to be more comfortable.

On April 26 the temperature rose to 103°. There was a good deal of abdominal distension, and from his appearance I deduced that he was suffering from toxic poisoning. The temperature curve became markedly hectic in character between April 27 and May 2. Except for a few moist râles, posteriorly at left base, there were no physical signs in the lungs. There was no cough, no sputum, and no hæmoptysis.

On May 2, a hypopion developed in the right eye; there was no iritis or keratitis. On the following day the left knee-joint and left ankle were swollen and painful. A circumscribed swelling appeared on the *dorsum pedis* and inner end of right clavicle.



[1] Read at a meeting of the Queensland Branch of the British Medical Association on July 2, 1915.

On May 6 some blood was taken from arm, and a bouillon tube inoculated with it. The culture showed numerous large, sporing bacilli, many in chains. The bacilli were Gram positive. An agar plate was inoculated, and a growth like that described as characteristic of *bac. anthracic* appeared.

Report from Bacteriological Institute.—Blood Culture: The culture shows a sporing bacillus, short, more or less in chains, with rounded ends. Guinea-pig inoculation was negative. The knee-joint was aspirated and some turbid fluid withdrawn. A culture made from this fluid revealed staphylococcus albus.

On May 8 incisions were made in the swellings on the *dorsum pedis* and the clavicle; the pus was evacuated. The hypopion had cleared up by this time.

From this date onwards the patient gradually weakened, and evidenced more distinct signs of toxæmia. The tongue was dry and brown, the cheeks sunken and the abdomen distended. He died suddenly on May 12, 1915. The patient only had rigors on two occasions; the 10th and on the 11th.

The case is an interesting one from the point of view of diagnosis, and also on account of the rarity of the condition. Unfortunately, a post-mortem examination was unobtainable; and although the guinea-pig inoculation was negative, the chain of evidence suggests the diagnosis of pulmonary anthrax.

A CASE OF ARTHRITIS ASSOCIATED WITH OPHTHALMIA NEONATORUM.

By **Henry Laurie, M.D.,**
Honorary Physician, Alfred Hospital, Melbourne.

Baby M. was first seen by me when ten days old, at the request of a midwife, in whose house the birth had taken place. The child was suffering from moderately severe *ophthalmia neonatorum*, with profuse, thick, purulent discharge and thickened, reddened conjunctivæ. The corneæ were intact. The discharge had been present for about a week. The midwife also drew my attention to the child's left wrist. There was considerable effusion into the wrist-joint, with some redness round the joint. The joint seemed only moderately tender on manipulation. Further examination disclosed also a slight puffiness of the right ankle. No other joints were affected. In view of the joint condition, a smear was taken from the conjunctiva, and this, on examination, showed typical gonococci. Vigorous treatment of the ophthalmia was at once instituted, and antiphlogistine was ordered to be applied to the affected joints. Two days later the left wrist seemed much as before, and the right ankle was still more swollen. Still, no other joints were affected. The conjunctivitis was somewhat improved, the discharge being more watery. From this time onwards improvement was rapid, the swelling of the joints receding *pari passu* with the improvement in the conjunctival condition. At the end of three weeks from birth, the joints were normal, and the conjunctivæ showed merely a little redness, with no discharge.

Not having seen a similar case, one hesitated at first to pronounce the arthritis gonococcal. Dr. C. O. Hawthorne, in his "Studies in Clinical Medicine," describes a similar case, and quotes authorities. Evidently, very few cases have found their way into medical literature. Is the condition then so rare? Possibly not. Probably many cases are so mild that they escape detection, especially as the affected joints seem to be almost painless, except on manipulation. Further, the result is presumably invariably good, depending, as it does, upon effective treatment of the conjunctival condition.

Reviews.

PLAGUE.

The Quarantine Department has again placed the medical profession under a debt of gratitude by the publication of a further volume in the excellent series of pamphlets issued under the authority of the Minister for Trade and Customs. The volume[1] before us is number 5 of the Service Publication series, and is written by Dr. J. S. C. Elkington, Chief Quarantine Officer of Queensland. It is entitled "A Review of Recent Literature and Work on the Epidemiology of Plague." Plague is an uncanny monster, which once it has gained a foothold in a country may prove difficult to eradicate. The problem in India is not an enviable one, and from an economic point of view the extent of the disease and of its consequences is appalling. Australia is by no means safe from an invasion by the disease. No matter how alert and how numerous the sentinels are who guard our ports, but a small mistake might have disastrous results. For this reason it is advisable that the measures adopted to protect the Commonwealth from the plague should be carefully planned, and as carefully carried out. Public opinion demands at the present time that information on these matters should be made known, and while the general public is probably incapable of essaying the value of prophylactic measures, the medical profession demands that an opportunity be given it to consider, and if necessary criticise, these measures. Dr. Elkington gives us all the information required, and we do not hesitate in stating that the public may rest assured that every practicable means are employed to exclude this dire disease. The book deals with the possible sources from which an entry might be derived, with the various epidemiological aspects of the disease, with the habits of rats and their fleas and with the properties of the bacilli of plague. Sufficient detail is given for the expert, but the book is not overloaded, as is the case in so many official reports. The author regards his subject from a practical standpoint, and deals with it in a practical manner. Consideration is given to theoretical work carried out in the laboratory, but the reader is spared the unprofitable task of wading through long protocols for the purpose of controlling results and weighing the evidence in favour of deductions. These details are essential in all published account of experimental work undertaken for the purpose of advancing knowledge of disease, but not elsewhere. We can, therefore, recommend the perusal of this compact volume by hygienists and those interested in the safety of the Commonwealth.

LOCAL ANÆSTHESIA.

Three decades have barely passed since Karl Köller demonstrated the anaesthetic properties of cocaine. The chance discovery of a medical student has rendered possible the control of pain in surgical operations by local and regional methods. The surgical clinic at the Tulane University of Louisiana, New Orleans, presided over by Rudolph Matas has witnessed the laying of the foundations of this extension in the domain of surgery. Carroll W. Allen has placed on record a detailed summary[2] of the essential elements in the successful application of local anæsthesia to major surgery, with a systematic description of the methods of anæsthesia suitable to operations in the different regions of the body. The author is to be congratulated on the excellent manner in which he has performed his task. No English author has attempted previously to cover the same ground. The publishers, W. B. Saunders Company, must also be praised for the splendid way in which the book has been printed and for the excellent character of the numerous illustrations.

Local anaesthesia was first employed with a purely local and peripheral technique in which intradermal, infiltration and massive oedematization with dilute isotonic solutions of cocaine served for minor surgical operations. Even with these methods an endeavour was made to extend the field of local anaesthesia to major surgery. With the discovery of less toxic anaesthetics neuro-regional methods became possible. By blocking the nerve trunks at their exit from the cranial foramina, jaws were resected, the tongue and floor of the mouth excised and, by a similar process, craniotomy, thyroid and laryngeal excisions, am-

[1] Service Publication, No. 5: A Review of Recent Literature and Work on the Epidemiology of Plague, by J. S. C. Elkington, M.D., D.P.H., Chief Quarantine Officer, General, Queensland, 1915; 8vo., pp. 82, with tables. Albert J. Mullett, Government Printer, Melbourne.

[2] Local and General Anæsthesia, including Analgesia, by Carroll W. Allen, M.D., with an Introduction by Rudolph Matas, 1914; 8vo., pp. 625, with 255 illustrations. Philadelphia and London: W. B. Saunders Company; Melbourne: James Little. Price, 25s.

putations of the extremities, resections of joints, the radical cure of hernias, the entire domain of rectal and genito-urinary and a considerable share of pelvic and abdominal surgery became subservient to the new methods. The synthetic chemist and the pharmacologist lent their aid in the search for substitutes for the expensive and dangerous cocaine. To them we owe the successive appearance of beta-cocaine, nirvanin, alypin, stovain, anesthesin, tropococaine, and lastly novocain. In like manner the genius of the synthetic chemist and the biological laboratory have given us the many substitutes of adrenalin which have made a bloodless field of operation for the surgeon.

It is quite impossible in the space of a review to deal adequately with the subject matter of this book. Each chapter requires a review of its own. We might take as an example the treatment of anaesthesia of the upper extremity. The author gives in the first place a general review of the methods for blocking the great trunks of the brachial plexus. This is followed by a detailed account of the cutaneous nerves accompanied by a description of the methods for blocking them. Good illustrations enable the reader to recognize the areas of anaesthesia resulting from blocking conduction along the nerves at various points on their path of distribution. Fifteen pages are devoted to an analysis of the different methods of producing anaesthesia of the fingers. All the practical details are added in concise language.

Every surgeon should possess this book, which will provide him with much suggestive reading. There is little doubt that this work will serve as the model to many subsequent treatises on the same subject. This book will remain a monument of the thoroughly practical manner in which Rudolph Matas stimulated the school of surgery committed to his charge.

MEDICAL TREATMENT OF SCHOOL CHILDREN.

Appended to the annual report of the Minister of Public Instruction in Victoria, for the year 1913-1914, is a special report, unsigned, but none the less of considerable importance. We reproduce in this place abstracts from this report but recommend readers interested in this question to study the original for the purpose of ascertaining the details of the arguments employed and also in order to recognize the method of presentation.

The writer points out that the need of increasing the scope of school medical work has been felt in every country for many years. Parents with a moderate income cannot possibly pay for all the treatment, surgical, medical and dental, recommended at the inspection. If this be true of the parent in cities, it is especially true of parents in country districts who would have to find money for long journeys to the nearest ophthalmic surgeon or dentist.

The writer lays emphasis on the statement that in almost every centre hospitals are subsidized to the extent of approximately two-thirds of their incomes by the State for the purpose of providing for the poor and destitute. He points out that lodges have extensive and powerful organizations for providing medical benefits to those of small means; and that in every part of the country medical practititoners are available for those of more than moderate means.

After an experience of over four years of testing the possibilities of the existing system, the gross inadequacy of the present facilities for the treatment of school children in country districts is affirmed, and even the metropolis is not exempt from criticism. The difficulty of providing treatment, at small cost, is a serious handicap to the effectiveness of the work. Just when the parent is educated to a sense of the necessity of attention to the children, the obstacle of cost and want of facilities for treatment interpose and prevent even the most willing from carrying out advice.

In regard to dental attention, no conservative dentistry is carried out in Victoria, except for paying patients, at any of the hospitals, save at the Dental and the Children's Hospitals, Melbourne. At the country hospitals extractions are perpetrated. A quarter of a million children require dental attention. To show how heavily the cost of dental treatment may bear on the willing parent, one example may be quoted. The figures were obtained from a country high school. Eighty-seven pupils had visited the dentist in response to the notification of the school medical officer. The dentist had sent to the headmaster a confidential statement of the work done. The 87 pupils had 180 teeth extracted, 413 filled and 41 artificial teeth fitted at a total cost of £322 5s.

It appears that the treatment adopted may be divided into three classes:

A. Extractions only: Twenty-three children had 48 teeth extracted at a total cost of £5 13s., or an average of two extractions for 5s. per child.

B. Extraction with plates fitted; no conservative dentistry: Four children had 23 extractions and 26 teeth fitted at an average cost of £3 14s. 6d. per child.

C. Conservative dentistry: Fifty-nine children had 109 extractions and 413 fillings together with 15 artificial teeth at an average cost to each of £5 2s. The most expensive treatment consisted of seven extractions and fifteen artificial teeth at a cost of £5 15s., and of two extractions and eighteen fillings at a cost of £14 14s. The writer points out that many of these children were about 14 or 15 years of age, that, in many cases, there still remained work to be done, and that the income of the majority of the parents was below the income tax level. He therefore concludes that a severe strain is thrown on the resources of the family. The school medical officers continually urge the necessity of conservative dentistry. The average cost, viz., £5, is stated to be equal to that of the child's education. The work of putting in proper order the mouths of sixty children costs £300. For very little more the services of a fully qualified dentist could be secured. It is claimed that the attachment of a school dentist to a school district is an economic proposition. He would be able to deal with 800 to 1500 children a year, and in this way the cost would be reduced to reasonable limits. In the writer's opinion dental treatment could be accorded to all children, including the poorest.

The cost of a dental clinic is estimated at £750 for the first year and £550 for the succeeding years. If, as recommended by the Advisory Board, the Government were to subsidize a clinic on the pound for pound basis and if attention were concentrated on the mouths of children about seven or eight years of age, so as to conserve the permanent teeth at their first appearance, it is suggested that not fewer than 2500 children could be dealt with at a cost to the parents of 2s. 9d. per child.

The chief defects discovered by the school medical officers were those affecting vision, hearing and the nose and throat. In examinations embracing 47,000 Victorian children, 5,000 were found to have definite visual defects, 5,000 had marked interference with hearing, and over 10,000 had enlarged tonsils and post-nasal growths. The author of the report estimates that in the whole State approximately 25,000 children have visual defects, 25,000 auditory defects, and 50,000 throat troubles. The facilities for the treatment of these conditions are said to be by no means satisfactory. The existing agencies fail to provide for these children to an adequate extent. According to the writer treatment is undertaken by the following agencies:—

(*a*) Medical practitioners in ordinary practice: In private practice efficient work is done in the removal of post-nasal growths and tonsils. These benefits are enjoyed by few children. The percentage in the metropolis is negligible, as parents, able to afford full fees, tend to send their children to private schools. In country centres about 10% of children have a family doctor.

(*b*) Lodge Doctors: The lodge doctor is the chief medical stand-by of parents in the urban areas. Operations for post-nasal growths are not included in the contract. Time eliminates to a large extent adequate treatment of deafness, while the absence of specialized training precludes any attempt at even a satisfactory examination, much less treatment, of defects of vision. The school child is not, in any sense, catered for by the lodge doctor.

(*c*) Hospitals: Hospitals exist in metropolitan and urban areas throughout the State. The writer points out that they are liberally subsidized by the State and that they exist

primarily for the poor and needy. In the metropolis facilities for treatment should be above reproach. Yet at its best the hospital system, whether from its unweildly character and organization, or from the specialized character of the school work, does not succeed in coping with it. The general hospitals are endeavouring to perfect their specialized departments, but reliance must be placed at present on the Children's Hospital and the Eye and Ear Hospital. The former might well specialize more in the direction of visual and auditory defects. The Eye and Ear Hospital provides most efficient treatment for the defects common in school children, and also has excellent arrangements for providing spectacles at a low cast.

Having enunciated the foregoing views, he considers that the time is ripe for the organization of a school department in association with the public clinics of the large hospitals, where children would be dealt with apart from the general out-patients, and for their own special defects. The result would be a great saving of time to the patients and a gain of increased efficiency in treatment. Medical education in the near future should provide more adequate teaching in connexion with these school defects, and especially in regard to the treatment of discharges from the ear and of deafness generally.

MEDICAL INSPECTION OF SCHOOL CHILDREN IN SOUTH AUSTRALIA.

The Minister controlling Education in the State of South Australia has issued his annual report for the year 1914. Attached to this report is an appendix by Dr. Gertrude Halley, the Medical Inspector, dealing with the medical examination of the children.

We learn from the report proper that 58,124 children received instruction at primary schools during the year. These children were educated at 313 public schools, 491 provisional schools, 27 high schools, and 8 half-time schools. In view of the magnitude of these numbers it is a little disconcerting to learn that only 19 schools were visited and 4,940 children examined. Only 8.48% of the children attending primary schools are accorded the benefit of medical inspection. The percentage of schools visited works out at 6.07. The number of visits paid during the year to the nine metropolitan and ten country schools was 195. The Medical Inspector, however, has made visits to schools in addition for the purpose of enquiring into the causes of outbreaks of infective diseases, and of reporting on the sanitary condition of the school buildings and out-offices.

The inspection revealed the defects of sight and hearing, pathological conditions of the throat, and decay of teeth in 1,182 children, or 23.9% of those examined. The city children were found to be more frequently affected than the country children. In 14.39% of the city children deficient vision, impaired hearing, adenoid vegetations or disturbances of the respiratory organs were discovered. On the other hand only 9.27% of country children were similarly affected. A curve plotted to show the relative frequency of defects of vision in city and country children, is appended. From this curve it is seen that in city children defects interfering with education varied between 2.19% and 7.3% in the six classes, whereas in the country children the variation ranged between 1% and 5.71%. In one country school all the children examined were found to be free from defects. In several schools faulty lighting and sitting accommodation was found; this resulted in a relatively high frequency of visual defects and scoliosis. The sanitary arrangements of many of the schools is stated to be very bad.

The teeth of the school children appear to be uniformly bad. Dr. Halley reports that it is not infrequent to find that only one or two children in a class ever use a tooth brush. The majority do not even possess one. She suggests the introduction of "tooth-brush drill" for the younger children, in order that the habit of brushing teeth may be established.

It appears that 2,564 children have been affected by some zymotic disease throughout the whole State during the year. The more important epidemics were those of pertussis and morbilli. Dr. Halley contends that carelessness in the isolation of patients at the home is largely responsible for the spread of the disease at the schools. Twelve schools were closed during the year. In six, diphtheria had occurred in the head teachers' residences. These residences were attached to the schoolrooms, a practice which Dr. Halley rightly condemns. Three small country schools were closed of necessity, because every child attending was either suffering from an infective condition, or had been exposed to infection. In three instances the schools were closed for a few days prior to disinfection. In all 23 schools were disinfected. In connexion with diphtheria, Dr. Halley advocates a bacteriological examination of the faucial mucus of all children who had suffered from sore throat within the preceding 10 days. The discovery of the Löffler bacillus must be regarded as evidence of infectivity.

Dr. Halley again calls attention to the need of special provision for mentally defective children. Of the children examined 1% were found to be mentally deficient. Relatively the defects were more common in the country schools. In five instances the defect was sufficiently severe to necessitate exclusion of the children.

On the subject of cleanliness, Dr. Halley has a sad story to tell. While the majority of schools were satisfactory in this respect, one of the largest of the suburban schools was very bad. In some of the classes over 30% of the girls' harboured pediculi in their hair. In a school situated in a poor district of the city between 2 and 3% of the girls' heads were affected. Dr. Halley states that the cleanliness of the bodies, clothes, and hair of the children is largely dependent on the personal influence of the teacher. We venture to hold the opinion that want of cleanliness is primarily due to a neglect of parental duty.

Obituary.

HUGH KIRKLAND.

Lithgow has sustained a heavy loss in the death of Dr. Hugh Kirkland, which, as was reported in our issue of July 31, 1915, took place on July 23. He had been in failing health for some time, but succeeded in concealing his illness from his friends and acquaintances almost up to the time when he was forced to give in to the inevitable. His death came as a shock and grief to all. He was accorded a military funeral on account of his rank of Lieutenant-Colonel in the Australian Army Medical Corps, with which he had been associated since 1895.

Dr. Kirkland was born in the county of Ayrshire in Scotland in the year 1856. He studied medicine at the University of Glasgow and took his degree of M.D., C.M., in 1888. He distinguished himself by carrying off the William Hunter Medal for Obstetrics and the John Hunter Medal for Clinical Surgery. Towards the end of the same year, he left Scotland for Australia, and arriving in New South Wales, set up in practice in Bathurst, where he remained for eight years. In 1897 he moved to Lithgow, and developed a very large private and lodge practice in that town. It may indeed be said that the constant and exacting demands of a busy lodge practice wore him out and hastened the end of his career.

Among the many offices which he held, that of an honorary medical officer of the Lithgow Hospital, that of President of the Lithgow and District Caledonian Society since its inception, that of a Justice of the Peace and member of the Licensing Court of the Hartley district, and those of elder, sessional clerk and choir conductor of the Presbyterian Church may be mentioned. He was and remained a true Scot and was never absent from any Gaelic function.

His was a manner which compelled confidence in the sick room and awakened trust of all his patients. He was genial, of a happy disposition and untiring in his attention to the sick. Patients and friends alike loved the man and respected the physician. His loss is mourned by his widow and two sons, Dr. W D. Kirkland and Mr. H. E. Kirkland, an undergraduate in medicine at the University of Sydney. His two colleagues in Lithgow, Drs. Gibbes and Hutley are the poorer by the loss of a true friend.

The Medical Journal of Australia.

SATURDAY, AUGUST 14, 1915.

Twelve Months of War.

The first year of the war has come and gone, and the prospects of an early termination of hostilities are as remote as ever. The whole world is the poorer by some five million men, according to a French estimate, while it can be stated on the same authority that no less than seven million soldiers have been wounded on the field. Judging from the various reports which have come to hand, the incidence of disease and the mortality from this cause has been relatively small, especially in comparison with the great wars of the past. The conditions under which the war has been prosecuted are certainly not favourable to the preservation of health, and the wounded have been subjected to unusually great risks of sepsis and tetanus as a result of the nature of the soil into which the trenches have been dug.

The rôle played by the Army Medical Corps in this war, as it was in the Manchurian campaign, is of immense importance. We hope at a later date to have before us a complete record of what has been achieved in the prophylaxis of disease and in the stemming of the ravages of suppuration. At present, it is not possible to form more than a general idea of this activity.

The Australian Army Medical Corps has every reason to be satisfied with its year of work. Unfortunately this work is not devoid of danger, and there have been several casualties. The first medical man to fall in the defence of our Empire was Dr. Brian C. Antill Pockley, who was killed on September 12, 1914. The loss to the profession of this valuable young life cannot be adequately expressed in words. From every point of view, Dr. Pockley was a credit to the medical profession, to the University, to his relatives and to his country. On May 23, 1915, Dr. Gordon C. M. Mathison paid the full price. He had already achieved a high reputation in the scientific world, and we cannot find a better expression to illustrate the measure of our loss than the words written of him in *The Medical Journal of Australia* of June 12, 1915, by Mr. H. W. Allen:—"He was wasted by the wickedness of war."

The third medical man who has died on active service, is Dr. Muir Smith. The story of his unflinching attention to duty and extraordinary keenness as told by Dr. Tebbutt, in *The Medical Journal of Australia* of July 17, 1915, depicts him as he was, a staunch Australian, fearless, capable and full of determination.

A number of members have been wounded, and to them the sympathy of the whole profession has been extended. The following is the list:—Dr. D. M. McWhae, of Marylands, Western Australia; Dr. L. W. Jeffries, of South Australia; Dr. J. W. B. Bean, of Sydney; Dr. C. Shellshear, of Sydney; and Dr. J. J. Black, of Carlton, Victoria.

The third list includes those reported ill, and consists of the names of Lieutenant-Colonel Ryan, Lieutenant-Colonel B. J. Newmarch, V.D., Lieutenant-Colonel Neville Howse, Captain V. Benjafield, Captain E. M. Ramsden, and Captain F. N. le Messurier. In the last place, we must not fail to recall that many Australian Army Medical officers have received promotion, and have been mentioned in the dispatches for gallantry in the field.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

The outbreak of epidemic cerebro-spinal meningitis in various camps throughout the world, and more especially in the Trentham Camp in New Zealand, in the Liverpool Camp in New South Wales and in the Flemington Camp in Victoria presents a problem for immediate consideration. Our knowledge in regard to this disease has remained more or less stationary during the past few years, but in order to present the subject for discussion, it may be well to review some of the points of its ætiology and pathology, and of the suggested measures of treatment and prophylaxis. In their very able article on this subject, published in last week's issue, Professor Champtaloup and Dr. Bowie give an account of the clinical characters of the disease, and deal briefly with the bacteriological side. Of the nature of the sickness in New Zealand and in Australia there is no vestige of doubt.

As early as 1878, Gee and Barlow described a definite form of posterior basal meningitis which affected children, and which had a pronounced seasonal variation. This disease was regarded as

endemic in England, but its occurrence was infrequent. A true epidemic form of cerebro-spinal meningitis was first described in 1805, in Genoa. This disease does not appear to be pathologically identical with that described by Gee and Barlow, although some of the researches of Still would tend to show that they have a common ætiology. Epidemics of the Genoan disease have been observed at intervals in every European country throughout the 19th century, and in the present century. Some of these epidemics have assumed considerable proportions, and the public have evinced alarm on more than one occasion. In Australasia, the disease has not hitherto been present in large epidemics.

As is the case in all presumably specific forms of localized inflammations, confusion has existed in regard to the clinical differentiation, and the diagnosis is only to be accepted on bacteriological evidence. In the case of epidemic cerebro-spinal meningitis, the causal organism was first described by Weichselbaum in 1887, and is now known as the *diplococcus meningitidis intracellularis Weichselbaum* or the meningococcus. There are two significant observations which appear to be of importance in this connexion. The first of these is that the ætiological diplococcus, while possessing definite cultural, tinctorial and morphological characteristics which distinguish it from pneumococci, gonococci and various other diplococci, is quite obviously an evolutionary form of a common coccus, which in the course of generations and perhaps centuries has assumed certain properties, and has acquired the capability of inducing well defined typical acute disease symptoms in man. If the properties which form a danger are due to evolutionary changes, we may anticipate further changes in the same direction, or involutionary changes, forming a kind of atavism in the future.

The second point is that while there is a marked difference between the ætiological and epidemiological characters of meningitis caused by the meningococcus and that caused by other cocci, such as the pneumococcus and some of the pyogenic cocci, all the forms of acute inflammatory changes involving the cerebro-spinal meninges, produce almost identical pathological lesions. Tubercular meningitis is not included, more especially since the nature of the infecting agent is totally distinct from that of the cocci. In the course of an epidemic a case of septic meningitis, due to a streptococcus or to the pneumococcus, would certainly be mistaken for a case of spotted fever, and the mistake would only be discovered by bacteriological examination. The failure to distinguish a case of epidemic cerebro-spinal meningitis at the beginning of an epidemic is usually due to the likeness to other forms of meningitis.

Of the clinical course and symptoms, but little need be said. As pointed out by Professor Champtaloup and Dr. Bowie, retraction of the head and opisthotonos are often not marked, or may be absent. Meningismus is not uncommon, and persistent stabismus and other signs of a basal meningitis are seen at an early stage. The course may be fulminating, and death may ensue within a relatively small number of hours of the onset.

In regard to the prognosis, it may be said that the mortality is rarely under 50%, while between 60% and 75% is frequent.

The differential characters of the meningococcus have been described in so many places, and in such great detail that there is no need to deal with this matter at any length. The meningococcus is extremely like the gonococcus. It occurs in pairs or in groups of four, and is flattened towards its fellow, in such a manner as to justify the description of "coffee bean" form. It occurs intra-cellularly, and but few individuals are placed free in either the cerebro-spinal fluid, blood or other tissue fluid. The cocci are decolourized by iodine in Gram's staining. This behaviour toward the stain is extremely constant, but as far as we are aware, no one has determined the limits within which the property of retaining gentian violet holds good. Kolle and Wassermann recommend a 1% gentian violet solution in alcoholic carbolic acid solution. If the films are stained with the aid of heat until the maximum amount of stain is taken up, it is possible to determine by means of a series of slides decolorized in Lugol's solution for varying periods from 15 seconds upwards, what the degree of affinity for the stain is.

The cocci grow under aerobic conditions between the temperatures of 26° C. and 42° C. The best

medium is agar smeared with blood or with ascitic fluid. Wassermann's original medium for gonococcus is very suitable for the meningococcus. This consists of 1 gram of nutrose in 15 c.cm. of ascitic fluid, and 35 c.cm. of distilled water.

Meningococci introduced into the spinal theca of monkeys produce a disease identical with the epidemic disease in man. Fatal septicæmia can be induced in guinea-pigs after intra-pleural or intra-peritoneal injection, but not after subcutaneous application. The evidence of its ætiological significance is undoubted. But there are some facts of great practical importance in connexion with this micro-organism. In the first place, it does not always give rise to general symptoms. It is frequently met with in suppurating ears, and has been found in the pharyngeal mucus in children. These diplococci must be distinguished from Gram-negative cocci, which are met with in the throats of persons not clinically ill. Since meningococci may produce localized lesions, it is very important from the point of view of prophylaxis, especially in districts where an epidemic is present, to control the discharge from ears and the mucus from inflamed fauces. The spread of the infection would undoubtedly be more extensive were it not for the low resistance to various external influences, such as drying, growing on one medium for a long period without subculture, heat, etc. Moreover, the resistance within the body does not appear to be high, since the course is usually short, even when the disease is moderately severe, and terminates in recovery.

In casting a glance on the treatment and prophylaxis of the disease, it is necessary to enquire into the mode of action of the meningococcus in the production of symptoms. Assuming that the path of infection is through the fauces or pharynx, it may be accepted that the meninges possess a special affinity for it. In the description of the endemic form of posterior basal meningitis, given by Still, mention is made of a Gram-negative diplococcus, which was indistinguishable from the meningococcus. In the epidemic variety, the basal meninges are probably affected before the cranial meninges, and before the spinal membranes. The symptoms due to absorption of toxic material, *e.g.*, fever, headache, vomiting, etc., are distinct from those due to direct cerebral or spinal irritation. But the toxic symptoms are not necessarily caused by a specific toxin manufactured by the cocci themselves, but may be caused by products of the inflamed tissues, secondary to the disturbance of blood and lymph circulation. There is no direct or strong indirect evidence of any specific toxin, and although Simon Flexner described an endotoxin, it is by no means certain that any endotoxin is anything more than a form of foreign protein. Jochmann attempted to produce an antitoxic serum in horses by the injection of living meningococci. Ruppel as well as Kolle and Wassermann attempted to produce a bactericidal and bacterotropic serum, and others have also worked in similar directions. Experience has shown that none of these sera have any marked therapeutic value. Flexner claimed to have immunized with meningococcic endotoxin, and to have obtained an active substance which neutralized the poisons of the coccus. It is questionable whether Flexner's serum has effected a saving of life, but even if it did, the probable explanation would be that an antianaphylaxis toward the bacterial protein is produced rather than any specific neutralizing antibody of the nature of an antitoxin. On the other hand, it is not excluded that treatment by means of a meningococci vaccine according to Wright might be of therapeutic value.

A considerable amount of work has been carried out both in connexion with agglutinins and opsonins in connexion with the meningococcus. There is but little doubt that the agglutinins are definite and quite specific, and that diagnosis by agglutination tests with cerebro-spinal fluid and an emulsion of meningococci is reliable. Of the specific nature of meningococcic opsonin it is impossible to speak with certainty. Some observers have claimed that the opsonic index of the serum of persons during an attack is extremely high, but they have been forced to admit that this is not the case within the first five days of disease, nor in the fulminating cases. *In vitro*, normal serum does not appear to stimulate phagocytes to take up meningococci with avidity.

Since the actual treatment of the disease is not satisfactory, the prophylaxis must depend on general protective measures rather than on any specific

treatment. All the forms have been tried, and have been found wanting. Isolation, control of the throats and ears of those exposed to infection, early adoption of the usual methods of checking a spread of infection and like measures should be adopted.

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TRANSFUSION OF BLOOD CELLS.

Severe hæmorrhage gives rise to a deficient circulation due to loss of fluid and to asphyxia produced in consequence of the small quantity of oxygen that can be conveyed to the tissues. The transfusion of blood, taken from a healthy person, into the veins of the patient suffering from the effects of bleeding has been practised from the beginning of medicine. The transfused blood increases the amount of liquid in the vessels, mechanically distending them, and raising the pressure within them, whereby the blood supply of the heart and the efficiency of the heart beat are increased. It also supplies an additional amount of hæmoglobin to transmit oxygen from the alveoli of the lungs to the cells of the tissues. After use for many centuries the employment of transfusion became infrequent in the later decades of the nineteenth century, owing to the fatalities that had occurred from intra-vascular clotting. With the advent of knowledge concerning the coagulation of the blood in corpore brought about by the intravenous injection of solutions of so-called nucleoproteins, attempts were made to replace blood by various saline fluids. These injections were only partially successful. The saline fluids do not raise the blood pressure greatly, since the excess of liquid rapidly passes from the blood vessels to the lymphatic spaces of the tissues, and they do not increase the capacity of the blood to convey oxygen from the lungs to the tissues.

Abel, Rowntree and Turner[1] have recently performed some experiments on the value of introducing corpuscles suspended in Locke's fluid into the veins in cases of severe hæmorrhage. They have shown that it is possible to withdraw from an animal without apparent injury quantities of blood plasma that exceed several times the maximal quantity of blood that can be safely drawn by the usual method of venesection provided that the corpuscular elements of the blood suspended in Locke's solution be returned to the vascular system after each bleeding. They suggest that the use of suspensions of human corpuscles in Locke's fluid would be a safe and efficient remedy after hæmorrhage and after venesection practiced for the relief of toxæmias. In the treatment of toxæmia they suggest the removal of blood by venesection, the separation of the corpuscles in the centrifuge, the removal of the serum containing the toxic substances, the suspension of the corpuscles after washing in sterilized Locke's fluid, and the injection of the corpuscles into the veins. By this method they have greatly prolonged the life of dogs after bilateral nephrectomy.

[1]Journal of Pharmacology and Experimental Therapeutics, V, pp. 625, July, 1914.

WATER AS A GASTRIC TEST MEAL.

Heidenhain was the first to show that the flow of gastric juice was increased when water was introduced into the stomach. A much more firm experimental foundation for this important practical fact was furnished somewhat later by Pavloff and his collaborators. The great majority of these experiments were made on dogs equipped with the Pavloff pouch. The introduction of 500 c.cm. of water into the main stomach caused a secretion of gastric juice in the pouch. In about 50% of their tests no trace of gastric juice was secreted when 100 c.cm. of water was placed in the stomach. Lönnquist demonstrated that the introduction of 200 c.cm. of water into the main stomach brought about the secretion of gastric juice into the pouch. The total secretion for two hours was 5.5 c.cm. of fluid, possessed of an acidity of 0.46% HCl. The volume of fluid obtained from the main stomach was 297 c.cm., possessed of an acidity of 0.22% HCl. Bergeim, Rehfuss and Hawk[1] have studied the stimulatory power of water in the human stomach on normal men. Some of their tests have been made early in the morning on an empty stomach, whereas others have been performed two hours or more after an Ewald meal. The Rehfuss tube is placed in the stomach and left *in situ* during the test. It causes no inconvenience. The desired amount of water is taken into the stomach by drinking it. Specimens of the stomach contents are removed at intervals, and analysed for total acidity, free acidity and peptic activity. They find that water, either warm or cold, is a strong gastric stimulant, and, in certain cases, yields a total acidity of over 100 in less than twenty minutes. As small a volume of water as 50 c.cm. has been found to possess a pronounced and immediate stimulatory power in the human stomach. In the average normal individual water produces as great a stimulation, as measured by the acidity and peptic value, as does a test meal. A simple water meal may therefore be substituted for the test meal in many instances. It has the additional value of demonstrating the existence of food residues. Under all conditions the increased acidity is accompanied by increased peptic activity, although the two types of values do run parallel. The acidity values recorded by the two investigators demonstrate that the values accepted by clinicians as normal values for gastric acidity are too low. The acidity of the gastric fluid after stimulation by water ranges from 50 to 120, with an average value of 77. Since water stimulates the gastric glands to activity when no food is present in the stomach, it would seem to be a waste of glandular energy to drink water between meals. It would appear that water could best further the digestive plan when taken with meals.

[1] Journ. of Biological Chemistry, XIX., pp. 345, Nov., 1914.

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TASMANIAN HOSPITALS.

The Chief Secretary for Tasmania has introduced a Bill for the administration, management and control of public hospitals and for the regulation of private hospitals, as well as for other purposes. This Bill has already been foreshadowed, and, as

was expected, is moulded on the lines recommended by the Chief Health Officer in his report as a Royal Commissioner. The essential provisions of the Bill may be enumerated as follows: There is proposed to be set up a central hospital authority, to take the form of a Board of five persons, the Chairman of which is to be none other than the Chief Health Officer holding office. Why a hygienist should be expected to be expert in the matter of hospital administration is difficult to explain. This Board is to have complete supervisory control over public hospitals, is to conduct inspections or delegate its power to others to carry this out, and is to determine what money is to be voted by Parliament for the purpose of subsidizing public hospitals. The Board is to have extensive powers in assisting to establish hospitals, and to cause amalgamations of existing institutions to be effected. These are very wide powers to place in the hands of a committee of five, of which one is selected, not because of his suitability for the purpose, but because he holds a position requiring totally different qualities to those necessary for the proper discharge of the functions of a hospital board.

The management of the public board is to be vested in a committee of nine members, three of whom are to be nominated by the local authority, three by the Government, and three by electors on the State Parliamentary roll. It will be remembered that this form of government of hospitals was suggested to numerous witnesses at the Commission by the Commissioner, who sought to persuade the public that the witnesses had given support to the scheme. The constitution of the committee of management does not appear to us to be a wise one. The public representatives would be in a minority, and would consequently be powerless to oppose the will of the Government, should this be thought necessary. Moreover, the representation does not appear to be local, nor would subscribers, who contribute directly to the support of the institutions, have any voice in the management.

We presume that this Bill will not be regarded as an uncontentious measure, and that a full discussion of each clause will precede its passage through the Committee stage. The opposition should utilize every Parliamentary means for impeding the passage of this Bill, until amendments have changed its form materially, and rendered it more acceptable.

THE HEALTH OF SCHOOL CHILDREN.

The moral and intellectual development of the child is dependent on the impressions gained and habits inculcated during the very early years of life. The physical development of the child and the subsequent maintenance of health depend on the care bestowed on the body of the child from early infancy to the age of adolescence. During the school age attention must be paid more especially to the condition of the visual, auditory, and dental apparatus, in order to avoid irremediable defects which would handicap the individual in after life. With this end in view medical inspection of school children has been introduced as a State measure in every civilized country. The work of the school medical officers in detecting defects is of the utmost importance to the community, and the results of the examinations should be explained in great detail in order that the public may be enlightened as to the significance and extent of these defects. But the first stage of school medical work would be of mere academic importance were it not followed by the second stage, viz., treatment. It is comparatively easy to regulate and direct the growth of a tissue or organ, but it is much more difficult to correct the abnormal performance of the fully developed structure. It therefore follows that treatment to be efficient should be applied to children of tender age. In every State compulsory attendance at school of all children is required, and provision is made for free education. The proportion of children subjected to medical inspection is increasing; but up to the present very little has been done to ensure adequate treatment.

On another page of this issue will be found a summary of the recommendations of an anonymous medical officer attached to the Department of Public Instruction in Victoria, touching on this matter. In the main everyone will agree with the proposition that treatment must be accorded to every child. We have already expressed the view that the school clinic system has much to recommend it. The British Medical Association in England has resisted the plan of handing over to the Education Department the work of applying remedies to the defects discovered at the inspection. Much of the work can be done more efficiently by the general practitioner. Some of this requires the attention of specialists. But in all cases it is held that the practitioner who deals constantly with patients is more suited to undertake this task than the departmental officer, whose area of activity is more limited. The second proposition put forward is that the whole community of children shall benefit, and that the State shall provide adequate remuneration when the parents are not in a position to pay for treatment. If school clinics are established in connexion with general hopitals one difficulty has to be overcome. The general hospital is a charitable institution in which the medical officers give their services without remuneration. The school clinic is not a charitable institution, and gratuitous service has no place within it. This matter will claim the attention of the medical profession in the near future, and we venture to suggest that the Federal Committee of the British Medical Association might evolve a plan which would be satisfactory to the public and to the profession throughout the Commonwealth.

In the course of a reply given to Mr. John Payne, Mr. Massey, the Prime Minister of New Zealand, has explained a practice which exists in the New Zealand railways for the benefit of the blind. A blind person travelling with his attendant is carried on one ordinary ticket. Mr. Massey pointed out that since blind people rarely travelled by train unaccompanied, this arrangement is tantamount to free travel for the blind.

It is announced that the Department Committee appointed to enquire into the complaint made by certain officers of the Public Health Department of Tasmania against the Chief Health Officer will consist of Mr. W. O. Wise, P.M., chairman, Mr. H. E. Downie, Commissioner of Taxes, and Mr. W. T. McCoy, Director of Education.

Abstracts from Current Medical Literature.

OPHTHALMOLOGY.

(63) Operative Treatment of Dacryocystitis and Other Affections of the Tear Sac.

After a few historical and general remarks, J. Sheldon Clark (Ophthalmology, April, 1915), describes West's intra-nasal partial resection of the tear sac for dacryocystitis, dacryostenosis, phlegmon and epiphora. The object of this operation is to cause the tears to pass directly into the nasal chamber. If the septum is deflected so as to press against the outer wall of the nose, a partial resection should be done high up. If the anterior end of the middle turbinate protrudes so as to cover the *torus lachrymatis*, it should be removed. The *torus lachrymatis* is an important landmark and forms a swelling on the outer nasal wall caused by a protrusion of the *fossa lachrymatis* as it forms the floor for the lachrymal sac to rest upon. Over this projection a parallelogram of mucous membrane is marked out by incisions which over-lap, and the bone is cleared of mucoperiosteum. The curved chisel is placed on the anterior aspect of the *torus lachrymatis* and directed towards the eyeball. An assistant stands behind and taps gently with the hammer. The bone varies much in thickness according as the fossa is composed of the hard maxillary or of the thin lachrymal bone. A small probe passed through the lower punctum into the sac helps greatly to localize the position of the instrument, a thin probe having the advantage that the punctum need not be slit and its function impaired. Having removed the bony floor, the sac is pressed by means of the probe into the fenestrum. The sac can then be grasped with the special forceps, and partial resection carried out. The author, himself, uses a special punch for this purpose, a small slit being first made in the sac, so as to engage the punch forceps. Light xeroform packing is used for a few days and the sac syringed until the water returns from the nose clear. In ten days or less, the patient is free of trouble in the majority of cases. The operation can be performed in the presence of phlegmon with impunity.

(64) Detachment of the Retina.

After mentioning some of the theories of the aetiology of detachment of the retina, A. Maitland Ramsay (*Trans. Ophthalm. Soc. U.K.*, April, 1915), goes on to describe shortly the various operative measures adopted for its treatment. The oldest of all operations was puncture of the sclerotic, with evacuation of the subretinal fluid. Many of the later operations were modifications of this, the technique being elaborated in different directions. Injection of iodine to obliterate the subretinal space ended in failure. Other surgeons used the galvano-cautery, some perforating the sclera and choroid, others stopping short of this. Deutschmann's paper in 1895 received much attention. He aimed at making a double puncture of the retina and thus draining the subretinal space, at the same time dividing all bands in the vitreous freely. When intra-ocular tension was low, sterile vitreous fluid from the eyes of calves was injected. Other operators have attempted to reduce the size of the globe by excising a piece of sclera and closing the wound with sutures. The author describes the measures that he uses himself. In half his cases these measures were followed by improvement, and in 10% by decided improvement. The most important factor was rest in bed for four or six weeks; care being taken to avoid any exertion, straining or coughing. Next in importance was the pressure bandage. It should cause no pain and should be changed night and morning and a drop of atropine should be instilled into the eye. The third measure was subconjunctival injections, preceded, in suitable cases, by evacuation of the subretinal fluid by scleral puncture. Five to twenty drops of a solution of 1% of dionine and 8% sodium chloride in 1 in 2000 bicyanide of mercury should be injected subconjunctivally. From four to six injections may be necessary, with an interval of one week. If after a fortnight only slight improvement is noticed, diaphoresis should be produced by injections of ⅛-¼ gr. of pilocarpine. These should be alternated with the subconjunctival injections. During convalescence the patient should be extremely careful to avoid stooping and straining, should lie down if travelling by railway, and should wear rubber heels. The most important prophylactic measure was the care of children and young adults suffering from progressive myopia.

(65) Subperiosteal Blood Cyst of the Orbit.

Lamb records the case of a man aged 38 years, who noticed a bulging of the left eye 3½ years before admission. (*Ophthalmology*, April, 1915.) He suggests that the fact that 6 months before the onset he struck his head a glancing blow against some projection while diving may have some ætiological significance. Drug treatment was employed, as the tumour was held to be inoperable. On examination there was marked protrusion of the left eye, the vision of which was reduced to 20/100. The tumour was hard to the touch in its upper part, but to the outer side under the supra-orbital notch there was a soft spot. The incisions as for Krönlein's operation were made, and the operation progressed to the cutting of the orbital plate. As this was done, a small perforation was accidentally made in what subsequently proved to be the capsule of the tumour, and there was extruded an extraordinary matter of syrupy consistance and brown in colour, sprinkled with yellow crystals. The Krönlein operation was abandoned and an incision made over the eyebrow, and the periosteum raised downwards towards the orbit. The bone overlying the frontal sinus was bronze in colour and as thin as paper. The tumour was opened by a large incision and more than half an ounce of matter was removed. The large cavity was found to communicate with the frontal sinus. Five months later the vision was excellent and the eye in position. The author urges, as the moral of the case, earlier operation in these conditions. He regards it as a subperiosteal blood cyst, simulating osteo-sarcoma.

(66) Causes of Second Sight.

Muncaster begins by quoting the opinions of many good authorities on the subject of second sight (*Ophthalmology*, April, 1915). These opinions may be summed up as follows:—In later life changes appear in the lenses generally indicating commencing cataract. The lens becomes larger, harder, and more convex. The refractive index is higher and the eye slightly myopic. Hence old people who formerly used glasses for reading are pleased to find they can do without them, ignoring the fact that their distance vision is usually less good. Their reading is also helped by the smaller pupil of old age. The author desires to add to these conditions his opinion that the zonular fibres and ciliary body lose some of their elasticity, and hence the lens is pushed forwards. The resulting myopia causes the second sight.

(67) Glaucoma in a Boy.

Mayou (*Proc. Royal Soc. Med.*, April, 1915), records the case of a boy aged 17 years who was suffering from glaucoma. When seen five years before the vision was normal with low myopic correction. The right vision had since been considerably reduced and the left to a lesser extent. The anterior chambers were deeper than normal, and each optic cyst presented a marked glaucomatous cup. Both fields of vision were contracted; on the right side the visual field was limited by the fixation point on the nasal side. Trephining was carried out in both eyes. Some bleeding took place into each anterior chamber. A suggestion was made that a congenitally imperfect angle was present.

LARYNGOLOGY AND OTOLOGY.

(68) Tuberculosis of the Middle Ear Cleft.

A. Logan Turner and S. F. Fraser have engaged in a clinical and pathological study of tuberculosis of the middle ear cleft in children, and have arrived at a number of definite conclusions. (*Journ. of Laryng. Rhin. and Otology*, June, 1915). They found that tubercular otitis media occurs in infants and young children who have

been fed in whole or in part on unsterilized cow's milk. In 50% of children under one year of age suffering from otitis media the disease was tubercular, while in only 2.8 % of patients at all ages was the disease of this nature. A second type of tubercular otitis media occurs in the advanced stages of pulmonary tuberculosis. While the path of infection is not clearly known, the authors have reason to hold that infection passes by the Eustachian tube to the tympanic cavity, and mastoid antrum either by spread of infection along the mucous membrane or by insufflation of infected particles through the tube. A second method of infection is by the blood stream, but this is not easy of proof. The authors recognize the following forms or types of tubercular *otitis media et interna*. (1) The Lupoid form associated with lupus; (2) an infiltrating form which progresses rapidly; there are numerous tubercle bacilli, but few giant cells; (3) a fungating or chronic form with tendency towards encapsulation; (4) a necrotic form with tendency to rapid caseation and destruction of the mucosa; (5) a fibrinous form with formation of false membrane; (6) a fibro-ossifying form. The type of tubercle bacillus, the resisting powers of the patient, the path of the infection, and the presence or absence of secondary organisms are factors in the determination of the type of disease. The clinical characters are described as follows:—In 92 % of their cases the onset was painless. In 95 % enlarged periotic glands were found. The aural discharge is watery or flocculent. Facial paralysis is common. Multiple perforations of the tympanum may be seen in adults. In mixed infection the symptoms of acute otitis media and mastoiditis may occur. The labyrinth may be involved at an early stage. Tubercular otitis is more severe than ordinary purulent otitis media, the labyrinth is more frequently involved and the invasion of the labyrinth occurs by way of the windows. The diagnosis may be assisted by examination of the ear discharge for acid and alcohol-fast bacilli. The histological examination of the granulations is also of value. Tuberculous otitis media does not appear to give rise to serious intracranial complications to any marked extent. Haemorrhage from the internal carotid artery and thrombosis of the sigmoid sinus have been recorded. Tubercular meningitis and tubercular abscess are met with post mortem. The prognosis is unfavourable. In regard to treatment, the authors consider that operation is contraindicated if the patient is suffering from advanced pulmonary tuberculosis or from tuberlar meningitis. Schwartze's operation is useless. In the ordinary case a radical operation is indicated.

(69) Bilateral Lesions of the Auditory Centre.

Bilateral lesion of the auditory centre is very rare. Thomas Guthrie has found records of six cases only. In recording a seventh case he gives short abstracts of the clinical histories of the six. (*Journ. Laryng. Rhin. and Otology*, May, 1915). The patient was a man aged 32 years who had had an apoplectiform attack. In December, 1912, he had been seized with violent sudden pain at the back of his head. A week later he suffered from aphasia and verbal amnesia. A week later this cleared off, but three days after right ptosis and hemiplegia developed. He improved under treatment with mercury, but in February was again seized with sudden pain, hemiplegia, blindness and deafness. His mental condition was affected. Paralysis and loss of vision disappeared, and he recovered entirely save for the deafness, slight paraphasia, and a limitation to his understanding of written language. When examined in September, 1914, he was actively engaged in business, and was apparently a normal person both physically and mentally with the exception that he was totally deaf in both ears. The tympanic membranes were normal. The cochlear function was entirely abolished, but the vestibular reactions were normal. This in the author's opinion excludes a lesion of the eighth nerve, and proves that the deafness was cerebral. The anatomical evidence of the lesions is naturally not available as the patient is still alive. Destruction of one cortical centre for hearing does not cause deafness in either ear since in man the eighth nerve crosses incompletely and sends fibres to both centres. Destruction of the left centre may result in word-deafness. In dogs the crossing is complete, and destruction of one centre produces loss of function of the opposite ear. The author therefore concludes that both auditory centres were involved in his case.

(70) Foreign Bodies in the Air Passages.

W. Milligan reported to the Laryngological section of the Royal Society of Medicine three cases in which foreign bodies were removed from the air passages, and pointed out that these cases demonstrated (1) the tolerance of the tissues under certain conditions, (2) the advisability, if not necessity, of not relying upon the results of radiography, and (3) the value of the fluorescent screen as an aid to the removal of foreign bodies in the lung (*Journ of Laryng. Rhin. and Otology*, April, 1915). The first patient was a boy aged 4, who accidentally inhaled a stone while eating damson jam. A sharp attack of dyspnœa followed, and later further attacks were accompanied by spasmodic coughing. The X-ray examination was negative. There was slight bronchitis, with diminished air entry into the left lung. Under a general anæsthesia respiration stopped suddenly. The damson stone was subsequently found by bronchoscopy to be in the left bronchus, and was removed. The second patient was a female, aged 35, who inhaled a carpet tack. She was seized with a sudden and severe attack of dyspnœa. Eight days later the tack was seen in the skiagram. Several unsuccessful attempts at extraction were made. Treatment with compound benzion vapour was employed for two days, and a further attempt to remove the tack was then made. This time the fluorescent screen was employed, and after much difficulty the tack was twisted round on its own axis, so that the head could be grasped by the forceps. In spite of the prolonged manipulations no ill effects followed. The third patient was a child aged 2, who swallowed a half-penny. The coin was seen impacted in the oesophagus about the level of the sterno-clavicular joint. It was removed 10 days after the swallowing. The oesophagus was not damaged.

(71) Sarcoma of the Pituitary Gland.

E. D. Davis described a case of sarcoma of the pituitary gland, which he treated by the Killian-Hirsch operation (*Proc. Royal Soc. Med.*, March, 1915). The patient was a man aged 23 years. He complained of right frontal and temporal headache of two years' duration. In February, 1913, retrobulbar neuritis, first affecting the right and then the left eye, was diagnosed. A nasal operation was performed for the relief of this symptom. In June, 1914, there was central optic atrophy, and posterior synechia were detected. Acromegaly developed, the hands, feet, lips and jaw being affected. In July the operation was performed. No relief followed, and the sight deteriorated on the right side. In August the growth was attacked by raising a large parieto-frontal osteo plastic flap, including the roof of the right orbit. The brain was elevated, and a cherry-like growth was found projecting between the optic nerves. Severe hæmorrhage occurred when the tumour was being removed, and the patient died on the same day.

(72) Otitis Media.

Macleod Yearsley has investigated 20 cases of chronic middle ear catarrh, with a view of determining what factor acts in causing one ear to be affected before the other (*Journ. of Laryng. Rhin. and Otology*, May, 1915). The unilaterality appears to be due to causes operating in the nose or naso-pharanx. Yearsley believes that the explanation is to be found in the side upon which the patient rests during sleep. In 14 of his 20 cases the right ear was affected before the left. Thirteen of these patients were in the habit of sleeping on the right side. In the fourteenth there was marked right-sided nasal stenosis. In six cases the nasal lesion was on the right side, and in three on the left. The left ear was affected first in six instances. All the patients slept on the left side. The nasal lesion was on the right side in three, and on the left in two cases. He suggests that the secretion in the naso-pharanx would gravitate toward the side slept on, and that the lower Eustachian orifice would be bathed in this secretion more or less continuously.

THE RANDWICK MILITARY HOSPITAL.

At the present time the attention of the whole community is directed toward the soldier, actual and prospective. Criticism is being dispensed with a freedom which savours much of a desire for notoriety. Nowhere is this more marked than in the matter of the care of recruits and wounded soldiers. In almost every part of Australasia, public opinion has been awakened to almost scandal pitch on account of some real or imaginary defect of camps, hospitals or transport arrangements. No doubt many of the complaints have some foundation in fact. There is equally no doubt that many of the defects discussed are grossly exaggerated. *The Medical Journal of Australia* has concern for the hygienic condition of the troops and for the well-being of the sick. For this reason, we are greatly indebted to the Minister for Defence for permission to inspect various military hospitals for the purpose of laying before the medical profession an account of the conditions obtaining. It is essential in conducting an investigation of this kind to have consideration for the magnitude of the task undertaken, for the degree of preparedness of those called upon to carry out a large scheme and for the special, intrinsic difficulties to be faced. We would therefore recommend members to take a large view of the position and especially to consider the future with the present. The existing institutions are in a transitional state, and improvements are being effected as fast as the available labour and money permit.

The Randwick Hospital, as is known throughout the Commonwealth, was an asylum for orphans and stray children in the metropolis of Sydney. The institution has been taken over by the Government for the purpose of affording the invalided men from the front suitable medical and surgical attendance. While it would be out of place to discuss here the political or sociological aspect of this move on the part of the Government, one fact may be brought prominently to the notice of the public. This is that the soldiers are housed under incomparably better, more hygienic and more congenial conditions than were the unfortunate little ones, whose crime was misfortune.

The first portion of the asylum to be taken into use was a block of two stories which formerly served as the hospital or infirmary. For the time being the administration, hospital proper and offices are concentrated in this building. A number of returned invalids were admitted some few weeks ago in this building It is anticipated that in the future groups of returned soldiers there will be a larger proportion of serious cases. To provide institutional treatment for all the patients, the main building of the asylum is being transformed into an up-to-date hospital. The expeditious manner in which the work is being carried out is most commendable. On the morning of August 4, a large ward was just clear of the carpenter and plumber. Rolls of linoleum were stacked in corners, and bedsteads were crowded together like a tangled mass of iron. Late in the afternoon, the linoleum was covering the defective boarding and was neatly laid, and no less than 90 beds were standing in proper position, each made ready to receive a patient.

To return to the smaller block. On either side of the doorway is a room, the only apartments used for administrative purposes up to the present. These rooms are not large, but serve their purpose excellently. The furniture is plain but suitable, and inasmuch as the institution is but entering on its existence, no large store of minutes and records have to be housed.

The entrance passage is comparatively narrow and on a gusty day is not free from heavy draughts. The closure of doors and the bringing into use of other rooms will remedy the defects of this hall. Leading from the hall both to the left and to the right are wards, large, broad, roomy wards, containing some two dozen beds each. The cubic air space per bed is ample, and the general structural arrangement is all that can be desired. One gross defect has already been brought to the notice of the public. The floor boarding is old, worn, stained and past repair. If left uncovered the double danger of mechanical injury and impossibility of being kept surgically clean would have to be faced. To reboard the whole asylum would have cost much time and much money and might have led to the necessity of the renovation of rafters and other portions of the building. The Department in Melbourne moves, like a great new machine inevitably moves, deliberately and slowly. Commodities supplied by the Department are listed and all other effects are either unprocurable in this manner or are not forthcoming until the whole machinery of the Department has been readjusted to the requirements of a special institution. For this reason, it was not a practical proposition to apply to head quarters for either a new flooring or for suitable floor covering. The Red Cross Society has regarded it as one of the privileges of its organization to supply those commodities which are not available from official quarters at the time when they are required, thus supplementing the Department for Defence in contributing to the safety, well-being and comfort of the men on active service or laid low as a result of this service. Lieutenant-Colonel Lane Mullins the officer in command at the hospital, therefore grasped the opportunity offered by the New South Wales branch of the Red Cross Society for rendering the flooring of the hospital safe. Thick felt paper covered the defects and this has been covered by stout linoleum throughout the institution.

The bedsteads, and in some cases, complete sets comprised of bedstead, bed table, and locker have been presented by kind, charitable individuals. The pattern of the bedsteads deserves some passing mention. The head end rests on rubber-tyred castors while the foot end stands on fixed feet. An ingenious contrivance enables the foot end to be raised an inch from the floor on to a centrally-placed leg, terminating in another castor. By this means, when the lever is out of action the bed stands rigid and fixed in its place, but as soon as the three legs with castors bear the weight of the bed, it can be rolled into any desired position. The bedding, and especially the mattresses, are of good quality and the men resting on them are warm and comfortable. While no unnecessary extravagance is present, the wards are homely, and well suited to their purpose.

Although the building was formerly the hospital attached to the asylum for children, the military authorities did not find all the usual fittings accessory to a hospital. Special water-heating plant, new water closets and bedpan sinks have been installed. In some directions, the arrangements in the lavoratories and bath-rooms might be better, and we are informed that these details are being attended to. The water-heaters are worked on the automatic coil system, the gas supply being turned full on as soon as any hot water tap in the department served is opened.

At present, no operating theatre and no laboratories are in existence. These departments, as well as Röntgen and other equipment, have been planned and will be provided in due course. In the same way, provision will be made in the large asylum proper for an adequate out-patient department.

The kitchen in the hospital is small and typical of a State institution. The Sergeant-Cook in charge is doubtless very capable in culinary matters, but his extravagance in gas is obvious. At the time of inspection, the top of a large gas cooking stove was red hot and the gas flaring, to heat a comparatively small kettle. The kitchen will be removed to a large and more convenient building, and better and more suitable stoves will be installed. On the other hand, credit must be given to the excellent Matron in the hospital itself and to the Sergeant-Cook for the scrupulous cleanliness of the whole establishment, despite the fact that in the present transitional stage, much of the structure must be difficult to keep quite clean. This difficulty is enhanced by the presence of the carpenter and painter, who appears to render the second greatest virtue almost unattainable.

In the main building, in addition to the large wards, a fine room has been set aside for soldier patients. This recreation room is excellent in every particular and the men find in it all that they can reasonably expect.

On the first floor of the smaller building, the Matron and nurses have a very pretty, cosy sitting room, furnished en-

tirely by voluntary gifts. The officers' ward and the ward for non-commissioned officers occupy the rest of the floor.

The present plans of the hospital are adapted for the setting up of 500 beds. In the old hospital, the four wards can provide about 100 to 130 beds, while the main building will have a large ward for 90 beds and a smaller one for about 45 on each floor. If necessity arises, the authorities are prepared to extend the accommodation to nearly double that planned at present. With the number of patients, the strength of the staff will grow. The number of patients needing constant attendance is still very small. Approximately 60 or 70 men sleep in the hospital each night, but the majority of them are either convalescent or are awaiting operation. A few men who have undergone operation for hernia and a handful of wounded soldiers are in bed over day. Others remain in the unfinished grounds, but many are given day or longer leave, pending more active treatment.

In regard to the wounded under treatment, only one has revealed marked evidence of extensive suppuration of his injured tissues. In a few instances, fractures of long bones, bullets lodged in safe situations and similar injuries have come under observation. The mental and nervous condition of these patients has improved markedly since their return, while serious nerve affections are recorded in only two or three instances among the men received. It must, however, be pointed out that the first group of invalids returned from the front have not included many seriously injured men and it is feared that subsequent relays will present less favourable clinical pictures.

The arrangements for the returned soldiers are:—All cases coming to New South Wales requiring active treatment will pass through the No. 4 Randwick Hospital. These will include both medical and surgical cases, and in many instances of the latter, operative treatment will be carried out at the hospital. The second class will comprise of convalescents, who need institutional care, and who will be drafted to convalescent homes. The third class of patients for whom active treatment will no longer be necessary will be presented to a Medical Board before being sent to their homes. In the case of mental affections, the men will be dealt with through the agency of the reception house as in the case of the civil population. All records of the returned men will be kept at the Hospital, and when any man is sent back for active treatment, the history of his injury or illness will be available without delay.

The Commanding Officer is on duty all day, but is not resident. A junior officer remains in residence, and as the number of patients under active treatment increases, the number of resident officers will also increase. In a similar manner at present, only one surgeon, Sir Herbert Maitland, and one physician, Dr. Jarvie Hood, have been called in. Later the whole staff of the Randwick Hospital will be called upon to undertake part of the work of the institution.

The nursing staff is equally elastic and will be adapted to the amount of work on hand. At present, the work is carried out most admirably under the skilful guidance and help of an excellent Matron.

It will thus be seen that in the introductory stages, the No. 4 General Hospital, Randwick, promises to be an excellent, up-to-date hospital, suitably adapted to the needs of a military hospital in time of war. At a later date, we shall be in a position to record whether these promises have been fulfilled under the trying circumstances of a large, fully occupied hospital. In one respect, we are able to give a definite opinion already. The food is wholesome, palatable and sufficient. No difference is made between that given to the officers and that given to the men. No grounds for complaint are present, and none appear to have been made. With the development of the institution, the extent of the catering department will increase and we are assured that the present quality and quantity of food will be maintained.

In conclusion, it may perhaps be advisable to add that no venereal cases will be sent to this hospital at all. The patients admitted suffer either from disease occasioned by or appearing during active service or wounds and other injuries incidental to warfare and military service. The local organization is good, and there is every indication that the Randwick Hospital will be prepared to meet any emergency which is likely to occur.

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British Medical Association News.

MEDICO-POLITICAL.

A meeting of the Council of the Victorian Branch was held at the Medical Society Hall, East Melbourne, on July 15, 1915, Dr. A. Honman, the President, in the chair.

The scheme for the attendance upon convalescent soldiers occupied the attention of the members. No resolutions were passed.

The following were elected members of the Branch:—

Dr. John Binny Hay, Moonee Ponds.
Dr. Thomas Stanton, Stawell.
Dr. John Gratton Wilson, Warrnambool.
Dr. Neil Hamilton Fairley, Melbourne Hospital.
Dr. Christina H. Reid, Camberwell.
Dr. Ernest Markson, Footscray.

A meeting of the Council of the Victorian Branch was held on July 28, 1915, Dr. A. Honman, the President, in the chair.

Professor Berry presented the report of the War Organization Committee.

Report of the War Organization Committee.

In view of the vital and urgent necessity of organizing the medical profession of Victoria on a war footing for both military and civilian purposes the Council of the Victorian Branch of the British Medical Association has just completed a most thorough going census of the profession in Victoria. Up till midday on Friday, July 23, the Council had received, in answer to its queries, 455 replies. After deducting from the total number of medical men in Victoria those now absent, or serving abroad, or otherwise engaged in military duties locally, and including supplementary replies, this census has accounted for 83% of the profession, a result which is as gratifying to those who organized the movement as it is honourable to the profession which has made it.

The following are the numbers of medical practitioners who have expressed themselves as willing to accept service under the headings enumerated:—

With the Imperial Forces	49
With the Australian Forces for the duration of the war	62
With the Australian Forces for 12 months	94
As Surgeon on Hospital or Transport ship	85
Service in the Commonwealth	59
In camp in Victoria for the duration of the war	49
In Hospitals for Wounded Soldiers in Victoria	71
Service in camp for three consecutive weeks	122
In Field Hospital for three consecutive weeks	124
Part time service in Victoria	259
Willing to attend convalescent soldiers on terms to be subsequently arranged—	Unanimous.
Willing to accept extra University teaching work	80
Hospital Teaching work	114
Hospital Surgical Practice	136
Hospital Medical Practice	110
Hospital Special Practice	82
Willing to make practice arrangements in order to allow colleagues to proceed to the front	290

From the original returns there have been prepared card catalogues, one arranged in alphabetical order, and the other according to geographical districts. The latter provides opportunity for estimating almost at a glance how any particular district stands as regards its supply of medical men, and whether any such can be spared from that district for war purposes. From the original returns there have also been prepared lists of those who have answered in the affirmative the various questions submitted to them. These lists also show whether the offer of military service is conditional or otherwise. The conditions are usually a

demand for sufficient time to dispose of the practice. From these lists and cards it will be possible to furnish to the Director-General of Medical Services and to the Principal Medical Officer of Victoria such information as they may require. It is also proposed to supply the University and the general and metropolitan hospitals with the names of those who have offered suitable service. It is thus clear that most of the difficulties now attendant on the supply of medical men for military and civilian purposes will be largely minimized, if indeed they do not actually disappear. This medical census is, therefore, an object-lesson to the community.

In the preparation of this exhaustive analysis of services available from medical men, the Council has had the assistance of Dr. J. P. Wilson and Miss Wilson, and of Dr. C. R. Lister. To them, as also to the President of the Victorian Branch of the British Medical Association (Dr. Andrew Honman), to Professer Berry, to the Hon. Secretary (Dr. L. S. Latham, and to the Secretary (Mr. C. Stanton Crouch), the thanks of the Council are due.

The report was adopted, and instructions were given that it should be forwarded to the daily press for publication.

Dr. Latham reported that three members of the committee had visited the country divisions, and six of the metropolitan subdivisions, and had placed before the members schemes for local organization and for the protection of practices of those who had gone to the front. He reported that the scheme of the Director-General of Medical Services had been regarded by many as unworkable and unacceptable. The attitude of members with regard to the recent action of the A.O.F. in demanding certificates of good health for reinsurance was ascertained.

The Finance Committee reported that at the end of the financial year there would probably be a shortage, and that certain retrenchments would be necessary. The recommendations were adopted.

The Ethical Committee was instructed to take action in regard to the case of country men who advertised in local newspapers.

The Secretary reported that he had received a number of books and journals from the Editor of *The Medical Journal of Australia*; that the Honorary Secretary of the New South Wales Branch had offered duplicate books from the library of the Branch, and that the Committee of the Melbourne University Library had made a similar offer. The donors were thanked, and the selection of books offered was left to the Library Committee.

It was reported to the Council that the Kew Recruiting Committee had issued a circular to the local medical practitioners to the effect that a communication had been received from the State Parliamentary Committee, suggesting that the "Doctors be asked to treat the families of recruits free." Practitioners were invited to advise the Town Clerk of their willingness. On their behalf the Council sent the following reply:—"That the Council of the Victorian Branch of the British Medical Association is of the opinion that gratuitous attendance by members of the Branch must remain a matter of individual decision by the individual member in each particular case. The Council is not prepared to recognize any organized scheme of gratuitous attendance upon the families of recruits."

The following were elected members of the Branch:—

Dr. Francis B. Reid, Coburg.

Dr. George Atkinson, Murrumbeena.

The Scientific Sub-Committee reported that at the next meeting papers would be read by Drs. Godfrey, Gamble, Lind and Callander on "Syphilitic Affections of the Central Nervous System."

A meeting of the New South Wales Branch was held at the B.M.A. Building, 30-34 Elizabeth Street, Sydney, on August 6, 1915, Dr. George Armstrong, the president, in the chair.

Dr. J. Hoets moved:—

> That it is advisable to formulate a scheme by which medical men engaged on whole time military duty either at home or abroad may have their practices worked and safeguarded until they resume, and that some such plan shall be prepared without delay.

He pointed out that the South Sydney Medical Association had considered the question of safe-guarding the interests of those who were about to proceed on military duty, and had arrived at the conclusion that it was advisable to adopt a plan which would be satisfactory to the men leaving home. He pointed out that the Association had elaborated the scheme which was printed on the agenda paper.

Dr. R. I. Furber seconded the motion. He pointed out that the drain on the profession in New South Wales had hitherto not been severe. The number of men required for reinforcements was fairly regular, about eight men being sent out every three months. In addition to these regular monthly reinforcements there were the irregular ones which might average about one man a fortnight. Although the supply from the State had been ample to the present, the profession would soon begin to feel the strain. A large number of men would be required in the near future. For this reason he supported the suggestion that a scheme should be formulated for the purpose of safeguarding the interests of practitioners serving their country.

Dr. R. W. Young called attention to the fact that unless some arrangement such as that suggested by the South Sydney Medical Association were adopted, the practices of those men taking on military duties would suffer. Locum tenentes were practically unprocurable and the few who were available were asking a very high figure for their services. Some men wanted even as much as twenty guineas a week. The only stumbling block in the scheme appeared to be that there was no guarantee that sufficient men would work this plan to make it a success.

Dr. W. F. Litchfield suggested that the first motion be taken without discussion as non contentious, and that the discussion be postponed until the second motion was before the meeting. The Chairman ruled that members would be in order in discussing the details of Dr. Hoets' or any other scheme on the first motion.

Dr. E. H. Binney asked the Chairman to inform the meeting whether the Branch had passed any resolution in connexion with this subject.

At the request of the Chairman, Dr. R. H. Todd, the Honorary Secretary, referred to a resolution passed at a meeting of the Branch on August 28, 1914, when the members discussed the problem and considered it from every point of view. The resolution was to the following effect:

> That with a view to conserving the interests of those members of the Branch, who undertake naval or military service during the existing state of war, the rest of the members individually engage in the event of being called upon to fill their positions or attend their patients, to restore the same to them upon their return to civil practice, so far as it may be in their power so to do.

At that time it was felt to be practically impossible to formulate one scheme which would be suitable to the local conditions throughout the State. The result of the deliberations had been that the Branch had called on each man to play the game and to do what lay in his power to further the interests of those on active service.

Dr. Todd, speaking for himself, remarked that he would vote against the motion and advised others to do the same. The reason for adopting this attitude was that he felt convinced that no one scheme could possibly suit the conditions obtaining at the various centres. He instanced two districts in which the men had within the past few days taken active steps to devise some method of meeting the situation. At Young, the conditions were peculiar and the men had arrived at a very sensible arrangement. The South Sydney scheme would not be applicable in Young, and the Young scheme would in all probability be unsuitable for other districts. In the same way, the Illawarra men had expressed the view that Dr. Hoets' scheme would not work in their district. They had fashioned a plan, whereby an arrangement satisfactory to all concerned would be effected. The speaker expressed the opinion that the Branch should be much indebted to Dr. Hoets and the members of the South Sydney Medical Association for bringing the matter before the meeting and for giving the members an opportunity of discussing it again. But he ventured to think that it would be quite impracticable to have one scheme for the whole State.

Dr. Litchfield suggested that if the wording of the motion were modified by the substitution of the word recommend for the word formulate, the matter might be more workable.

Dr. Hoets said that he had not intended to bring up a scheme which should be binding on all the districts of the State.

After several members had spoken to the motion, Dr. Binney said that he doubted the wisdom of the meeting, which was not well attended, legislating in the name of the Branch and place the hallmark of the Branch on one or another scheme.

Whereupon Dr. Blackburn moved as an amendment:—

> That it be a recommendation to the Council to bring to the notice of the local associations the scheme evolved by the South Sydney Medical Association by which medical men engaged on whole time military duty either at home or abroad may have their practices worked and safeguarded until they resume.

He considered that the wording of the original motion was eminently suitable for a local medical association, but not advisable for the Branch.

Dr. Davidson seconded the amendment. In his opinion the formulation of schemes of this kind was not a matter for the Branch, but for the medical men in each district.

Eventually Drs. Hoets and Furber accepted the amendment in place of the original motion, and with the leave of the meeting withdrew the latter.

In accordance with the ruling of the Chairman, details of the scheme evolved by the South Sydney Medical Association were discussed. The scheme as set forth on the agenda paper is as follows:—

SCHEME (Outline.)

MANAGEMENT to be vested in a Bureau for each Association or district.

PRELIMINARIES. Details as to the following to be obtained forthwith:—

1. Men in each district willing to co-operate.
2. Those doing Lodge work and those willing to do such under the Scheme.
3. Those willing to do private work only.
4. The number of Lodge patients held by each man and the number each would be prepared to take under this Scheme.

OPERATION OF SCHEME. Suppose A to go on service, A notifies Bureau he will relinquish his practice on a certain day.

LODGE. From preliminary information gathered the Bureau has names of men ready to do the work and the amount each is prepared to undertake. Lists are prepared and sent accordingly, and Lodge Secretaries notified.

PRIVATE ROOM WORK. Bureau arranges for B, C, D, etc., to attend at A's house for a certain time each day, B keeping a record with details of treatment and fees, copies of which are sent to the Bureau each month (with fees collected) and left at A's house.

CALLS. Messages left at A's house are telephoned to B, who treats case to the end and then sends record to Bureau as before with any fees collected. A list of Calls thus sent to B is kept at A's house and a copy sent to Bureau each month.

Patients treated in this way by B are to be regarded as A's even though subsequently sending direct to B, until A resumes.

FINANCIAL. Bureau to keep accounts, send bills and collect on A's behalf for work thus done. Each quarter (or month) cheques to be sent to B and banked to A's account.

Fees to be divided in the following ratio:

Lodge Cheques:
A to receive 40 per cent.
B to receive 60 per cent.

Lodge Extras, Operations, Midwifery Fees, etc.:
B to receive 100 per cent.

Private Room and Calls:
A to receive 50 per cent.
B to receive 50 per cent.

Private Operations, Midwifery Fees, Anæsthetics, etc.:
A to receive 25 per cent.
B to receive 75 per cent.

Working Expenses to be borne equally by A and B.

Opinions were expressed to the effect that a Bureau would entail much unnecessary complication and additional work and that it would not carry with it compensating advantages. An alternative suggestion was that each man proceeding to the front or to home military service should appoint an agent who should conduct all negotiations with the men acting in his stead. Some objection was taken to the necessity of an intermediary between the absent practitioner and the man undertaking to do his work. The Bendigo scheme for men undertaking home service was also referred to in favourable terms.

After opinions had been exchanged in a conversational sort of way, the motion, as proposed by Dr. Blackburn and seconded by Dr. Davidson, was put to the meeting and carried without opposition.

The Acting Honorary Secretary of the South Australian Branch informs us that the following names were inadvertently omitted from the list of members who had volunteered for active service, included in the annual report of the Branch (see *The Medical Journal of Australia*, July 10, 1915, p. 38):—

Dr. Brummit, E. A. Dr. East, E. P. C. Dr. Shierlaw, N. C.
„ Beard „ Mayo, J. C. „ Sinclair, W. M.
Dr. Wall, F. L.

BELGIAN DOCTORS' RELIEF FUND.

New South Wales.

The Treasurer of the New South Wales Fund, Dr. W. H. Crago, has received an acknowledgement from the Honorary Treasurer of the Belgian Doctors' and Pharmacists' Relief Fund, Dr. H. A. Des Voeux, of the sum of £500, to be used for the sole benefit of the Belgian doctors. Dr. Des Voeux thanks the members of the New South Wales Branch for their generous donation, and notes with pleasure that further contributions may be expected. We regret that the contributions to this fund have fallen off very considerably during the past few weeks. The following are the amounts subscribed since July 27, 1915:—

	£	s.	d.
Amount previously acknowledged	634	9	6
Dr. MacCulloch, S. H., Sydney	1	1	0
„ Sharfstein, A. S., Bulladellah	1	1	0
Total	£636	11	6

VICTORIAN RED CROSS FUND.

The following is the second list of subscriptions of members of the medical profession in Victoria to the Red Cross Fund:—

	£	s.	d.
Amount previously acknowledged	633	14	6
Dr. Adam, G. Rothwell	10	10	0
„ Boyd, W. R.	50	0	0
„ Brown, R. C.	10	10	0
„ Bennett, F. G.	1	1	0
„ Bage, Chas.	5	5	0
Drs. Box, John and M. H.	10	10	0
The President of the Melbourne Medical Association and Mrs. Balfour (in lieu of annual reception)	50	0	0
Dr. Clarke, and Mrs. P. G.	2	2	0
„ Cuscaden, G.	5	0	0
„ Ewing, S. A.	10	10	0
„ Eastwood, and Mrs. F. Hudson ..	52	10	0
„ Griffith, J. de B.	1	1	0
„ Halford, G. Billing	5	5	0
„ Hewlett, H. M.	2	2	0
„ Hiller, and Mrs. K.	10	10	0
„ Jackson, Jas.	50	0	0
„ Mackeddie, J. F.	10	10	0
„ Mollison, C. H.	5	5	0
„ Moore, Wm.	25	0	0
„ Macansh, Wm.	50	0	0

	£	s.	d.
Carried forward—			
„ Mitchell, and Mrs. Leonard	2	2	0
„ McLean, and Mrs. G.	2	2	0
„ Nihill, J. E.	5	5	0
„ Ryan, and Mrs. J. P.	10	10	0
„ Ryan, and Mrs. Edward	10	10	0
„ Shelton, Percy	5	5	0
„ White, A. E. Rowden	5	5	0
„ Wilkinson, A. M.	3	3	0
„ Willis, and Mrs T. R. H.	5	5	0
„ Webb, and Mrs. J. Ramsay	25	0	0
	£1075	12	6

Public Health.

THE HEALTH OF VICTORIA.

The following notifications have been received by the Department of Public Health, Victoria, during the week ending July 29, 1915:—

	Metropolitan. Cs.	Dths.	Rest of State. Cs.	Dths.	Totals. Cs.	Dths.
Diphtheria	60	2	39	1	99	3
Scarlatina	7	1	10	0	17	1
Enteric Fever	3	0	3	0	6	0
Pulmonary Tuberculosis	14	6	13	5	27	11

The following notifications have been received by the Department of Public Health, Victoria, during the week ending August 5, 1915:—

	Metropolitan. Cs.	Dths.	Rest of State. Cs.	Dths.	Total. Cs.	Dths.
Diphtheria	49	1	42	1	91	2
Scarlatina	4	0	2	0	6	0
Enteric Fever	3	0	—	—	3	0
Pulmonary Tuberculosis	25	4	10	2	35	6

INFECTIVE DISEASES IN QUEENSLAND.

The following notifications have been received by the Department of Public Health, Queensland, during the week ending July 31, 1915:—

Disease.	Number of Cases Reported.
Diphtheria	39
Varicella	36
Enteric Fever	8
Pulmonary Tuberculosis	6
Scarlatina	5
Erysipelas	5
Puerperal Fever	2
Ankylostomasis	1
Cerebro-spinal Meningitis	1
Total	93

INFECTIVE DISEASES IN WESTERN AUSTRALIA.

The following notifications have been received by the Department of Public Health, Western Australia, during the week ending July 17, 1915:—

District.	Enteric Fever.	Diphtheria.	Pulmonary Tuberculosis.	Erysipelas.	Cerebro-spinal Meningitis.
Fremantle	—	—	1	—	1
Claremont Rd. District	—	—	1	—	—
Perth	—	—	2	—	—
North Perth	—	2	—	—	—
Maylands	1	—	—	—	—
Kalgoorlie	—	4	—	1	—
Pinjarra	—	1	—	—	—
Darlington	1	—	—	—	—
Korrelocking	—	—	1	—	—
	—	—	—	—	—
Totals	2	7	5	1	1

THE HEALTH OF AUCKLAND.

The following notifications have been received by the District Medical Officer of Auckland for the month of July, 1915:—

	City.	Suburbs.	Country Districts.	Total.
Scarlatina	24	2	4	30
Diphtheria	9	12	13	34
Enteric Fever	1	3	18	22
Tuberculosis	4	6	14	24
Septicæmia	1	1	2	4

SMALL-POX IN NEW SOUTH WALES.

The number of small-pox cases reported to the Department of Public Health, New South Wales, during the week ending August 8, 1915, was:—

Country	cases.
Newcastle	3

Malaria has been proclaimed a notifiable disease in Queensland. The Home Secretary determined on this course on August 2, 1915, in order to bring Queensland into line with New South Wales and Victoria. No announcement has been made as to the measures to be adopted in supplementation of notification. It it to be hoped that the Health Authority will institute a vigorous anti-mosquito campaign.

Medico-Legal.

A MICROBE KILLER.

On July 26, 1915, William W. Dobson, the agent in Western Australia for Radam's Microbe Killer, was charged, at Fremantle, with having published a statement in connexion with this nostrum which was false. The offence was admitted, and the defendant pleaded for a light penalty on the ground that he was merely a sub-agent, and was not responsible for the wording of the pamphlet. The prosecution was based on the fact that Radam's Microbe Killer was vaunted as a cure-all; the vendors claimed that it was perfectly safe, and contained no acids. The Health Department has purchased four bottles of the fluid at the cost of 20s. and it was found that it contained 0.5% of sulphurous or sulphuric acid, and 99.5% of water. It was therefore stated that Radam's Microbe Killer was a fraud. It appears that this fluid was manufactured in America, and had proved a failure. Later it reappeared under the name of Liquozone. This substance was introduced into Australia until its importation was prohibited by the Commonwealth authority. The proprietor next attempted to import the Microbe Killer into the Commonwealth, but the Federal Authority prohibited it as well. The firm thereupon started concocting the microbe killer in the eastern States. In order to show how serious the result of the false statement in the pamphlet might be, the prosecution announced its intention of calling expert medical evidence. The defendant objected to the calling of this witness on the ground that he had pleaded guilty. The objection was upheld, and the prosecution was therefore prevented from bringing corroboration of the statement that the claims of the vendors were untenable. In the end, Dobson was fined £5, with £5 13s. costs.

University Intelligence.

UNIVERSITY OF QUEENSLAND.

The Vice-Chancellor of the University of Queensland has issued a report of the proceedings of the University for the year 1914, in pursuance of the provision of the University of Queensland Act, 1909.

His Excellency Sir William MacGregor tendered his resignation of the office of Chancellor in December, 1913, and relinquished his position in March, 1914. The degree of Doctor of Laws *Honoris Causa* was conferred on him at a dinner given on July 13, 1914.

Leave of absence for eight months was granted to the Honourable A. J. Thynne, and similar leave was granted to the Honourable A. H. Barlow.

The laboratories for science and engineering have been completely equipped, and the work carried out in them is now conducted under modern conditions.

A suitable site of approximately 111 acres, in Victoria Park, has been acquired, and this, together with the adjoining site of 60 acres, at present occupied by the University, should provide sufficient accommodation for many years.

The sum of approximately £4,500 is now held toward the establishment of a Chair of Agriculture.

Prior to the departure of Sir William MacGregor a public meeting was held for the purpose of instituting a movement for the permanent recognition of his work in Queensland. It was decided that money should be collected, and that it should be used partly to obtain a portrait of his Excellency for the University, and partly for any object connected with the University that His Excellency might select. Sir William decided that the balance should be devoted to the foundation of a Chair of Medicine. It has been estimated that about 40 students would be enrolled were a faculty of medicine established. In view of the heavy calls consequent on the war the subject has been placed in abeyance for the present, but it is hoped that as soon as normal conditions are restored progress will be made in the establishment of a medical faculty.

In 1913 the Colonial Sugar Refining Company presented the sum of £1,000 to the University, to be applied to the equipment of the chemical school. The Senate considered during the year a scheme for utilizing this sum to the greatest advantage. It was determined that in order to give effect to the scheme propounded it would be necessary to expend the sum of £1,500 on equipment, £700 on the laboratory, and £350 per annum on the maintenance. At present no action is being taken.

Steps have been taken to effect affiliation with the University of Oxford, more especially in regard to the admission to certain privileges under the statute of Colonial and Indian Universities. The affiliation will take effect at the end of the academic year 1915. The question of affiliation with the University of Cambridge is under consideration.

Letters Patent have been issued to a college to be known as The Women's College. The Senate has approved of the designation of this college, and has granted affiliation to it under conditions to be prescribed at a later date.

The first year courses in Arts, Science and Engineering of the University of Western Australia have been recognized by the University of Queensland.

As a result of the Congress of the Universities of the Empire, held in London in 1912, the University Bureau of the Empire has been established. The Senate determined to subscribe a small sum towards the management expenses.

The sum of £1,000, together with some instruments and books, have been bequeathed to the University by the late Honourable A. Norton. A sum of £2,670 has been received from the trustees of the McIlwraith Memorial Fund, for the purpose of endowing an engineering scholarship.

Various additions have been made to the list of honorary lecturers in the Faculty of Engineering.

The number of undergraduates who matriculated in March was 58. In all there were 151 day students, 44 evening students, and 36 external students, making a total of 231. Of this number 144 were in the Faculty of Arts, 46 in science and 41 in engineering.

The Senate passed the following resolution in August, 1914, in reference to undergraduates volunteering for foreign service or home defence:—

(*a*) That it is desirable that undergraduates and graduates doing post-graduate work at the University who have been or may be accepted for foreign service or home defence in connexion with the present outbreak of hostilities should not lose the advantage of the work done by them at the University during this year.

(*b*) That, notwithstanding any regulations to the contrary, the students referred to in (*a*) above be granted a pass in respect of the present year of their courses, provided that they pass an approved examination next year or at such time after their return as may be determined in each case by the Board of Faculties.

(*c*) That the scholarships of students holding Government or other scholarships be held over until the holders return to Queensland or are exempted from home defence.

(*d*) That engineering students accepted for foreign service or home defence be granted exemption from workshop practice during the forthcoming long vacation.

During the year 213 students sat for examination, and 157 passed or obtained credit for work done. All the third-year candidates for examinations in arts, science and engineering passed, while of the five fourth-year engineering students four passed.

The Thomas Morrow Prize was awarded to Mr. Charles Schindler, for an essay entitled "The Effect of Climate on Settlement in Australia." The Lizzie Heal-Warry Prize for the most proficient first-year woman student was awarded to Miss Leila Isabel Macnish. The Archibald prize was awarded to Mr. J. L. Mursell, for an essay, entitled "Relations between Industrial Conciliation and Social Reform." The Foundation Travelling Scholarship, to the value of £200 per annum, tenable for two years, was awarded in 1913 to Mr. Arthur Blayney Powe. The Gold Medal and Scholarship for Medical Research, which is also tenable for two years, was awarded in 1913 to Mr. George Watson Hargreaves.

The Rhodes Scholarship for 1915 was given to Mr. John Norman Radcliffe, a third-year student in the Faculty of Arts. The Collection Committee consisted of His Excellency Sir Arthur Morgan, K.C.M.G. (Chairman), the Chief Justice of Queensland, Sir Pope A. Cooper, M.A., the President of the Board of Faculties, Professor Steele, D.Sc., and three members of the Senate, viz., Sir David Hardie, M.D., W. A. Morrow, Esq., M.A., and J. J. Walsh, Esq., B.A.

Satisfactory progress is reported by the lecturers engaged by the Brisbane Branch of the Workers' Educational Association.

The report contains in addition various other records.

The total income for the year, including a balance of nearly £13,000, amounted to £31,931. The Government endowment was £13,250, the proceeds from public examination amounted to over £1,250, and the lecture and laboratory fees to over £1,820. On the expenditure side of the balance-sheet it appears that the conduct of examinations cost over £1,800, salaries amounted to over £13,650, maintenance cost over £1,080, administrative expenses to over £1,380, and library to over £390. The total expenditure amounted to £18,515.

THE UNIVERSITY OF MELBOURNE.

A deputation, consisting of delegates of the Victorian Branch of the British Medical Association, of the St. Vincent's Hospital, of the Women's Hospital, of the Melbourne Hospital, of the Alfred Hospital, of the Children's Hospital and of the Melbourne Medical Association, waited on the Premier of Victoria on July 27, 1915, for the purpose of urging the Government of Victoria to acquire by compulsory purchase, or in such other manner as seems best to the Government, the whole of the Exhibition Street, or eastern half of the Lonsdale Street-Little Lonsdale Street block, and to reserve such land for the purpose of a Medical School. The views of the various institutions named were set forth in a memorandum submitted and signed by three official delegates of each. Drs. Honman, Anderson, Newton, and Latham, and Professor Berry were introduced to the Premier by Mr. Farthing, M.L.A. In support of the argument that the school of medicine should be re-built in close proximity to the great metropolitan hospitals, it was urged that the Carnegie Foundation Commissioner, after an exhaustive enquiry into the condition of the various medical schools throughout the world, emphasized the necessity of a close association of the teaching centre and the clinical hospital. Hospitals, apart from a medical school, were termed "mere boarding-houses for the sick." It was further pointed out that the most efficient medical schools in Scotland, England and elsewhere have adopted this plan.

The signatories to the memorandum quote at some length the opinions expressed by resolution and otherwise on this matter. The Council of the University of Melbourne, at

its meeting on November 30, 1914, adopted, with three dissentients, the following resolutions:—

That the Council expresses its general concurrence with the report of the Faculty of Medicine.

That the Council is of opinion that in the interests of the sick, in the interests of medical education, and in the interests of medical research, and consequently in the best interests of the University itself, it is desirable that the Medical School of the University should be transferred to the vicinity of the Melbourne Hospital.

The adoption of the resolutions by the Council does not in any way affect the present proposals with regard to the utilization of the £80,000 promised by the Government for the erection of buildings in connexion with Arts and Education, and the completion of the quadrangle to provide rooms for administration, etc.

The Committee of Management of the Melbourne Hospital, the *Age* newspaper, the *Argus* newspaper, and other non-medical bodies have extended support to the proposals. The local medical evidence quoted in support has emanated from the Faculty of Medicine of the University, from the honorary staffs of the Melbourne, St. Vincent's and Alfred Hospitals, from the Victorian Branch of the British Medical Association, from 65 members of the medical profession resident in or near Melbourne, from the medical students of the University and from *The Medical Journal of Australia*, and is quoted in some detail.

The history of the movement is next dealt with. It is pointed out that the University was founded in 1864, when all the buildings were erected within the University grounds in accordance with the practice obtaining at the time. Some years ago, in response to the demands of advancing medical science and for the direct advantage of the patients and of the students, an attempt to rebuild the Melbourne Hospital on a site adjacent to the medical school was made but failed. It has now been recognized that the time has gone by when this proposal could be carried into effect, and the proposal to follow the precept of the Edinburgh University, where the medical school was removed to a site in proximity to the Royal Infirmary, was effected in or about the year 1870, at a cost of £300,000, was determined upon. In 1912 the Premier of Victoria invited the University authorities to inform him of the probable requirements of the University for the next ten years. In the statement submitted was an item of not less than £20,000 for the extension of the medical school. At the jubilee celebrations in 1914, Professor Berry called attention to the fact that by the re-erection of the medical school on a new site, the present buildings would be liberated for other purposes, and in this way the expenditure on other requirements of the University would be curtailed. The scheme evolved provides for the housing of the Faculty of Science and of the Faculty of Agriculture in the present medical school buildings. The Government has agreed to the proposal of supplying accommodation for the Faculty of Laws and Administration in buildings to complete the quadrangle, and of erecting new buildings for the Faculty of Arts.

The advantages of Professor Berry's scheme are set forth in the following terms:—

1. The Faculties of Science, Agriculture, Law, Arts, and Medicine would have their available accommodation doubled. Administration, and the departments of biology and metallurgy would also gain considerable extensions.
2. All buildings would be finished.
3. Ample provision would exist for any future extensions.
4. The medical school would be for ever in close proximity to clinical hospitals.

The medical advantages of the proposal would be as follows:—

1. The State of Victoria would gain the inestimable advantage of school and hospital working together for the eradication of disease, and thus the advantage to the suffering sick would be incalculable.
2. In times of national stress or emergency from accident or disease the whole medical wealth of the University and hospital would be always at the disposal of Government and State.
3. With the "complete school" all would unite to relieve suffering and to benefit the manhood and womanhood of the State.
4. Every medical professor would be in immediate contact with the clinical problems of the day, to the mutual advantage of both himself and the clinician.
5. The teaching and practising clinicians of the adjacent hospitals could avail themselves, for the study and treatment of disease, of the wealth of material at present stored in the University and now useless on account of its remoteness.
6. The original investigation of disease and clinical and scientific medical research could be carried on to the best advantage.
7. The medical libraries of Victoria would be concentrated on the one spot, and the most up-to-date knowledge would be instantly available for the treatment of disease.
8. The close proximity of these libraries to the Public Library would give still further opportunity for extended research, and would abolish the necessity for the duplication of journals.
9. Greatly extended facilities would be afforded the University for obtaining scientific assistants in the laboratories, and these assistants would eventually be passed on to the public with a greatly improved scientific and clinical training.
10. The proximity of school and hospital would diminish the daily cost of working expenses, would economize annual expenditure on scientific and medical journals by the proximity of both to the Public Library, and would save the time of patient, staff and student.
11. Hospital directors of clinical research could be enabled to place their scholars instantaneously to the best advantage by diverting them to the laboratories where their researches could best be prosecuted.
12. Theory and practice would be for all time in contact, to the manifest advantage of State, University, Hospitals, and School.

In regard to the financial aspect of the scheme, it is pointed out that the sum originally asked for in respect to the requirements of the University was estimated at £128,000. The proposals now put forward, notwithstanding the fact that they include the complete re-building on a new site of the largest and most expensive department of a University, could be effected for £200,000, to include the buildings already promised by the Government.

The members of the deputation recognized the financial strain caused by the war, and impressed upon the Premier the immediate need of acquiring by some means or other the favoured site, in order that the completion might be proceeded with at a more propitious time.

The Premier, Sir Alexander Peacock, replied to the deputation like a man who does not propose to involve himself in any financial liability. He praised the scheme on theoretical grounds. Having done that, he told the members that they could not have chosen a worse time for bringing the proposals to him. The financial outlook of the State, and indeed of the Commonwealth, was gloomy, and in view of the continued state of war and of the effects of the recent drought, he would be very unwise if he made any promises at present. He asked the deputation to return to him later, when the conditions were more favourable.

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Naval and Military News.

As has been reported in the daily press, cerebro-spinal meningitis has broken out in every camp in Australia save those in South Australia. The outbreak in New Zealand does not appear to be a very extensive one, but we are not in a position to record the actual number of cases observed up to the present. It is stated that there have been 33 cases in Victoria. At Liverpool 9 or 10 cases clinically indistinguishable from this disease have been under treatment. We understand that the official bacteriological re-

port of the Department of Public Health will be issued as we go to press. The result will be published in next week's issue. The military authorities are seeking expert advice in regard to the measures to be adopted to stem the spread of the epidemics. The suggestion has been made that the large camps should be broken up, and many smaller ones substituted. It would thus be possible to effect isolation in every case at an early stage, and should the infection prove difficult to control the number of men exposed would therefore to limited.

The name of Captain Russell Ritchie, M.B., M.R.C.S., appeared in the list of wounded published on August 2, 1915.

It is announced that Captain G. Sprott has been appointed temporary principal medical officer for the No. 6 (Tasmania) Military District, in the place of Captain D. H. E. Lines, who is proceeding to the frnot. Captain Sprott has been promoted to the rank of Major (temporary). Captain E. W. J. Ireland has been transferred from the A.A.M.C. Reserve to the A.A.M.C.

Among the casualty lists to hand this week are the following entries affecting members of the R.A.M.C.:—

Died of Wounds:—Major J. C. Taylor, R.A.M.C., attached to the 4th Royal Scots Fusiliers (T.F.).

Killed:—Lieutenant G. M. Fleming, M.B., R.A.M.C.,

Wounded:—Major O. R. Ennion, R.A.M.C., East Anglian Field Ambulance (T.F.); Captain C C. Fitzgerald R.A.M.C., attached to the 7th Lancashire Fusiliers (T.F.); Captain H. Henry, R.A.M.C., attached to the 4th East Lancashire Regiment (T.F.); Lieutenant W. J. Maloney, M.D., F.R.C.S., R.A.M.C., attached to the 4th Worcester Regiment; Lieutenant W W. Adamson, R.A.M.C., 2nd West Riding Field Ambulance (T.F.); Lieutenant D. Bell, R.A.M.C.; Lieutenant W. H. Shephard, R.A.M.C.

Suffering from Gas Poisoning:—Lieutenant R. D. Brownson, M.B., R.A.M.C., attached to the Norfolk Regiment.

Wounded with the Mediterranean Force:—Lieutenant A. J. McC. Morrison, M.B., R.A.M.C., attached to the Royal Field Ambulance; Lieutenant H. Seddon, M.B., R.A.M.C., First West Lancashire Field Ambulance (T.F.); Surgeon F. H. Rees, M.B., R.N. (Drake).

The following appointments have been gazetted:—

ARMY MEDICAL CORPS.

To be Majors with pay of Captain—
Major G. Read, A.A.M.C., Reserve.
Alexander Pentland.

To be Captains—
Devereux Gwynne-Hughes.
Charles Brownlow Pym.

The following has appeared in the *Commonwealth Gazette*, under date of August 7, 1915:—

Army Medical Corps

To be Captains—
Honorary Captain P. C. Higgins, A.A.M.C. Reserve.
William Bannerman Craig.
Gladstone Montague Hunt.
Reginald MacDougall Bowman.
William Abel James.

THE KYARRA INCIDENT.

The enquiry which has been conducted by Colonel Irving, Chief of the General Staff, into the causes of the faulty arrangements for the reception in Victoria, and the transport to other States of returned invalided soldiers has been completed, and a report issued. The Minister for Defence has determined that in future additional accommodation in compartments for the day time, and in sleepers for night shall be provided for sick and wounded soldiers. The men shall be accompanied by an officer and a number of instructors whose duty it shall be to see that all their wants are attended to. In addition a medical officer and nurses shall be on duty. Senior staff officers will supervise the disembarkation. The Minister adds:—

"Whilst recognizing that the staff of the Third Military District has throughout the exacting war period rendered loyal, efficient and self-sacrificing service, yet the Minister cannot overlook the fact that generally there was considerable mismanagement and neglect in making proper arrangements on the occasion of the arrival of the Kyarra. The Minister considers that the result of the inquiry and the report of the chief of the general staff discloses a remarkable state of neglect on the part of the administrative staff of the Third Military District, primarily due to the lack of supervision by the district commandant, which, during the illness of that officer, however, have been undertaken by the next senior officer of the staff."

As a result, the two suspended officers, Lieutenant-Colonel Cuscaden and Major Dowse have received instructions to return to duty. We are pleased to note that the enquiry elicited the fact that Lieutenant-Colonel Cuscaden had performed the duties of his office to the entire satisfaction of the Department.

THE TREATMENT OF TUBERCULOSIS IN WELLINGTON, NEW ZEALAND.

A report, issued by the tuberculosis medical officer, Dr. Basil Adams, in charge of the Seddon Annexe for consumptives of the Wellington Hospital, was presented to the Wellington Hospital and Charitable Aid Board, on July 22, 1915. The report contains a very severe indictment. Briefly summarized the charges resolved themselves into those of neglect, structural defect, bad administration, insufficient nursing, and unsuitable methods of treatment. The Seddon Annexe contains three shelters, with four beds each, and one with two for men, and two shelters with four beds and one with two for women. In addition two beds are placed in the administration block. The shelters are described as dirty, and the windows and doors as being out of repair. Advanced cases of tuberculosis are admitted to these shelters, and Dr. Basil Adams considers the accommodation quite unsuitable for them. Moreover, the patients are not subject to any disciplinary control, get up when they like, and go into town once or twice a week, where they visit public-houses and other places. Visitors appear to be admitted at any time, and bring food and drink to the patients. He goes on to describe the institution with a view to show that from every point of view it is unsuitable for the proper care of tuberculous patients. In regard to nursing, he states that the 26 patients are left without a sister in charge. The fact that these patients are in shelters and not in a ward render the supervision more difficult. The report has been adopted, and it is anticipated that the whole institution will be reconstructed or removed.

Special Correspondence.

CANADA LETTER.

(By our Montreal Correspondent.)

Association Meetings.

In view of the present disorganized state of affairs, and the absence on active service of so many members of the Association, it has been decided to postpone the annual meeting of the Canadian Medical Association. This year's meeting was to have been held in Vancouver on July 6th, 7th, 8th, and 9th. The prospects for a successful meeting were unusually bright and, until the war clouds descended, medical men in Eastern Canada were looking forward to a trip through the Canadian Rockies, with their magnificent scenery, a further attraction being the Panama Exposition at San Francisco. However, it is hoped that, when peace is once more proclaimed, the Association will be able to fulfil its original programme.

A joint meeting of the Ontario Medical Association and the Provincial Health Officers' Association took place in Peterborough during the week commencing May 25. Although the attendance was rather less than usual, owing to the absence on active service of so many members, the meetings were most successful, and several interesting discussions took place. Dr. D. J Gibb Wishart, President of the Ontario Medical Association, chose for the subject of

his address "The Evolution of the Specialist in Oto-Laryngology," grouping his remarks under four headings: (*a*) The definition of a specialist; (*b*) the need for his existence; (*c*) the training required; (*d*) the nature of his relationship to the general practitioner. Speaking of the specialist, Dr. Wishart emphasized the necessity for an excellent preliminary education and knowledge of modern languages, a thorough training in medicine, and a couple of years spent in general practice; then an internship of at least eighteen months, devoted exclusively to his special subject, and lastly, a year spent at some university where he would obtain post-graduate instruction upon the various phases of his subject. Dr. Wishart, in opening his address, referred to several matters connected with the war. As Treasurer of the Fund for the Relief of Belgian Physicians and Pharmacists, he stated that Canada had contributed $10,222.00 to the fund, and that the total sum received by the British Committee amounted to £10,012 11s. 2d.

Imperial Reciprocity.

Reciprocal relations have now been established between the province of Ontario and the General Medical Council of Great Britain, and thus Ontario doctors have been enabled to join the Royal Army Medical Corps. The province of Saskatchewan is also taking steps to establish reciprocity. On May 25, last, an amendment to the Medical Profession Act was read for the first time in the Legislature, providing that any person duly registered by the General Medical Council of Great Britain may practice medicine in the province, upon payment of the necessary fees and the furnishing of evidences as to his registration in Britain, and his good character.

King's Birthday Honours.

The names of the principals of two Canadian universities appear among those honoured by His Majesty. Dr. Peterson, principal of McGill University, Montreal, has been made Knight Commander of Saint Michael and Saint George. Sir William Peterson, who is an ardent Imperialist, succeeded the late Sir William Dawson as principal of the University in 1895. He was born in Edinburgh, and was the son of John Peterson, a merchant of Leith. Sir William came to McGill from University College, Dundee. The principal of Queen's University, the Very Reverend D. M. Gordon, D.D., has been made a Companion of Saint Michael and Saint George. Dr. Gordon, who is of Scottish descent, was born at Pictou, Nova Scotia. A D.D. of Glasgow University, and an LL.D. of St. Andrew's University, Dr. Gordon succeeded Principal Grant as head of Queen's University, Kingston, in 1902. In 1896 he was Moderator of the General Assembly of the Presbyterian Church of Canada.

LONDON LETTER.

(By Our London Correspondent.)

The University of Wales.

The text of an important Treasury Minute, dealing with the University of Wales, was published towards the middle of April.

The reports made by the Advisory Committee on University Grants and the report of the Departmental Committee on the proposals for the establishment of a National Medical School for Wales and Cardiff, rendered possible by the offer of Sir W. J. Thomas, are dealt with, and the following passage then occurs:—

> The reports, both of the Advisory Committee and of the Departmental Committee, contain significant references to the difficulties arising from the constitution of the University of Wales, which confront any attempt to organize the work of the University as a whole in a way that would permit of its administering funds and institutions available for University education in Wales for the benefit of the whole Principality, as distinguished from particular areas within it. It appears to their Lordships to be open to question whether the existing conditions are such as to ensure that the more directly local interests of the three colleges can in all points be so co-ordinated as to serve the undivided aim which should characterize and control a University called upon, as is now the case, to undertake national duties in teaching as well as in examination.
>
> Having regard to the importance of this aspect of the matter, my Lords would only feel themselves justified in making substantial additional grants from the Exchequer, if, as the result of competent inquiry into the whole question of the constitution of the University of Wales, a re-organization could be effected which would meet the difficulties to which the reports have drawn attention.

At the same time, the Treasury withdraws all objection to the erection of the proposed medical school. They also suggest material changes in the government of the University, with a view to securing better co-ordination and co-operation between the constituent colleges.

The Effect of the War on the "Zoo."

From the recently-issued report of the Zoological Society, we learn that on the first of January this year the number of Fellows on the roll was 4,800, the largest ever known. Nevertheless, the war has had a prejudicial effect on the interests of the Society in various ways. Since January the falling-off in the number of candidates for Fellowship has been very marked, and the expense of maintaining the Society's Gardens and their inhabitants has greatly increased. The cost of provisions in 1914 was considerably less than in 1913, but with the war prices went up at a bound. An arrangement made with the War Office with regard to horses that had to be slaughtered has been most useful to the Council, as it has afforded a supply of horseflesh of very good quality at a low cost. Since August the supply has occasionally even exceeded the normal requirements, and some has been re-sold or used to replace goats' flesh, fowls' heads, dog-biscuit, etc. On the outbreak of war, good terms were made with the grain merchants for supplies of grain until September 30. Since that date, advantage has been taken of the extraordinary fluctuations in prices, stocks having been enlarged when prices were low. By arrangement with the Park officials, supplies of cut grass have been obtained from the parks in and near London, a substantial saving being thus made in dry fodder and green food. Rations have also been reduced, and use has been made of large quantities of acorns, which have been sent to the Society, in most cases, at the cost of freight. A stock of canary and millet seed has been laid by, as a scarcity in these necessary commodities is expected. The worst experience has been with fish. In normal times supplies are obtained at three halfpence a pound, but recently from fourpence halfpenny to sevenpence has had to be paid. The Inspector of the Fishmongers' Company at Billingsgate for a time came to the aid of the Council by enabling them to take away from the market quantities of fish good for immediate consumption, but not fit to distribute through the retail trade. This source of supply was available until the middle of September, but failed when the cold weather came. A regular supply from Grimsby has now been secured.

Agricultural Employment for Children and Exemption from School Attendance.

The number of children exempted from school attendance in county areas of England and Wales between September 1, 1914, and January 31, 1915, was, according to a return issued on April 16 by the Board of Education, 1,591, of which 1,538 were boys and 53 girls. Of these, 1,388 boys and 25 girls entered agricultural employment. In the urban areas, 540 boys and 228 girls were exempted, six of the boys going into agricultural employment. In 18 of the 30 county areas from which replies to the Board's questions have been received, the exemptions have been confined to agricultural employment, and in 12 the exemptions have covered other industries. The figures show that 89% of the exemptions in the county areas have been for agricultural employment. The exemptions do not, in the majority of cases, appear to have been granted for any definite period, but the replies indicate that the counties contemplate that the exemptions may be withdrawn should the conditions subject to which they were granted cease to exist. In many cases, however, the children exempted were approaching the age at which they would normally obtain exemption under the by-laws. In some cases, children, who were exempted for agricultural operations last autumn, have, in fact, returned to school.

The procedure for granting exemptions has varied considerably in different counties, but in nearly all cases it appears that there has been careful investigation before the

child has been allowed to leave school. The wages vary below a maximum of 7s. a week, and it is difficult to ascertain the value of the remuneration given, owing to the fact that in many cases board and lodging are supplied.

In only two cases in urban areas have the exemptions been confined to cases where the employer has lost workpeople by enlistment. There is even more variation in the scale of wages in urban areas than in county areas, but 6s. a week seems to be an average wage. There are, however, exceptional cases, in which it is stated that a few lads are known to be earning 20s. a week and upwards, while the bulk of those exempted earn wages varying from 10s. to 7s. a week.

The conditions under which children might be excused from attendance at school for the purposes of agricultural employment were stated some time ago by the Board of Education in the following terms:—

(1) The employment of children of school age should be regarded as an exceptional measure, permitted to meet a special emergency, and should only be allowed where the authority are satisfied that no other labour is available, and in no case should children be excused attendance at school if older children, who are under no legal obligation to attend school, are available.

(2) In considering the available supply of labour, the authority should satisfy themselves that all reasonable efforts have been made to secure adult labour, *e.g.*, by application at the labour exchanges, and especially by the offer of adequate remuneration.

(3) Every case should be considered on its merits, and there should be no general relaxations of by-laws.

(4) The employment should be of a light character, and suitable to the capacity of the child.

(5) Permission, if given at all, should be given for a definitely limited period onlv.

—o—

Correspondence.

THE PHYSIQUE OF THE AUSTRALIAN AND THE REGISTRATION OF VOLUNTEERS.

Sir,—In 1909 J. Foster Fraser visited Australia, and later on published his impressions in his book, "Australia—The Making of a Nation." In this work he gives as his opinion that the second and third generation is not of the same physique as their British-born ancestors (*vide* chapter vi. on *Some Problems of Population*). The theme of this chapter may be exemplified in the following quotation:—"And it was by this means I fell in with the published opinions of Dr. Alexander Buttner, of Melbourne, whose authority to speak on this subject no Australian will dispute. Over 50 years' residence in Victoria has forced upon Dr. Buttner the conviction that in cases where both parents are Australian born the weakening effect of the climate shows itself more strikingly with each succeeding generation."

Australians as a nation indignantly denied the accuracy of Foster Fraser's observations, and called him a mere globe-trotter, who had not had time to study the question properly. In 1915 we are at war. On June 23 the Prime Minister of Australia stated that he understood the message received from the Imperial authorities lately to mean that every man possible was wanted.

Throughout the length and breadth of Australia everything possible is being done to stimulate volunteering. Bearing in mind that every man who is fit to carry a rifle is needed for the safety of the British Empire, and remembering Mr. Foster Fraser's opinion, and also the fact that the rejections in Tasmania have been only 5%, I would ask the medical profession to examine the percentage of men rejected in Australia on the ground of being medically unfit.

In the *Brisbane Courier* of July 29, 1915, the following passage re the Tasmanian campaign occurred:—"There are now about 1000 men in camp at Claremont. . . . There are very few rejections, most of the men being of a splendid type. It is estimated that the rejections have not exceeded 5%." The subjoined list has been compiled from the *Brisbane Courier*, *Darling Downs Gazette*, and *The Australasian*, all leading newspapers, so the figures may be accepted as accurate.

Place & Date.	Volunteers.	Rejections.	Percentage Rejections.
Melbourne, 20/7/15 . ..	613 ..	86 ..	14.
Sydney Night Depôt, 5/8/15	115 ..	16 ..	15.
Brisbane, mth. of July ..	2296 ..	473 ..	20.6
Adelaide, 3/8/15	238 ..	49 ..	20.6
Sydney, 3/8/15	452 ..	101 ..	22.3
Melbourne and Country Depôts, 21/7/15	946 ..	244 ..	25.7
Toowoomba, from 23/7/15, date of being made a centre, to 31/7/15 . ..	185 ..	51 ..	27.6
Perth, W.A., for week ending 31/7/15	363 ..	105 ..	29.
Brisbane for June, 1915..	1743 ..	613 ..	35.2
Sydney Night Depôt, 3/8/15 (Depot opened this night)	200 ..	80 ..	40.
Condong Sugar Mill, near Murwillumbah, N.S.W., 25/7/15	55 ..	40 ..	72.8

Excluding the Condong Sugar Mill, where there was some trade peculiarity to account for the abnormally high percentage of rejections, it will be seen that out of 7151 volunteers 1818 were rejected, a percentage rejection of 24% out of 7000 odd men imbued with the same spirit as their ancestors,

> Whether their fame centuries long should ring,
> They cared not overmuch.
> But cared greatly to serve
> God and the King;
> And keep the Nelson touch,

freely offered their services. 1800 odd had to be told "Medically unfit; you cannot enter here." Can the profession explain why the percentage of rejections in Tasmania is only 5%, and in 7000 men throughout Australia the percentage of rejected varies from 14-40% (an average of 24%)? Are the Tasmanians of a better physique than the Australians? Is a large percentage of the material offering unfit? Is Foster Fraser correct? Or is something wrong with the methods of examinations? Are suitable men being rejected for trivial affections?

Two sets of figures are worth studying—Toowoomba and the Condong Mill (Murwillumbah). Toowoomba draws its volunteers from the Darling Downs, one of the picked spots of Queensland as regards climate, being situated at a height of 1300-1700 feet above sea level. The whole of the population is engaged in agricultural. dairying, pastoral, timber industries, with the exception of two small coal mines and one foundry. In all these industries men have every opportunity to breathe "God's glorious oxygen." Nevertheless, Toowoomba shows a percentage rejection of 27.6, almost double that of Melbourne (14%). The figures for the Condong mill are not large, but they show that out of 55 manual workers engaged in an occupation usually followed in tropical or sub-tropical climates, only 15 were fit. This gives a percentage rejection of 72.8%.

In considering the percentage of rejections it must be remembered that slight alterations were made in the regulations in the beginning of July as regards height (lowered half an inch), teeth (conditions are more liberal as regards artificial teeth), hernia (men may be accepted now after operation for hernia, formerly they were all rejected.) These are only slight alterations, and cannot affect the figures very much. The Brisbane figures for June are the only figures I have included before the new regulations came into force.

Apart from the purely scientific side of this question, interesting though it may be, there is a practical side, namely, the effect of rejections on volunteers. In the country, at any rate, men frequently volunteer in twos or threes (mates).

If one is rejected the other mate sometimes withdraws. Again, Tom Smith, if he sees Bill Jones rejected, may not be inclined to say "Bill Jones is a better man than I am, no good in trying."

This is one of the reasons why I ask the profession to express its opinion on the question. In Tasmania only one volunteers in twenty is unfit. In the rest of Australia only three men out of four are fit. Is Foster Fraser correct, or are the methods wrong?

Yours, etc.,

Killarney, Darling Downs, 6th August, 1915. F. W. HARLIN.

Personal.

It is with great regret that we have to announce the death, from heart failure, of Dr. William Holsworth Macfarlane, which took place on August 2, 1915. Dr. Macfarlane was a native of Victoria, and graduated in 1874, in the University of Melbourne. He held the position of House Surgeon at the Hobart General Hospital from 1875 to 1877. In 1878 he was appointed Assistant Medical Officer at the Mental Hospital, at New Norfolk, and in 1880 he became Medical Superintendent, a post which he retained up to his death. Dr. Macfarlane was a recognized authority in psychiatry, and his management of the hospital for the insane was a great credit to him. He was a prominent member of the Tasmanian Branch of the British Medical Association, and was extremely popular in medical and social circles.

Medical Appointments.

Dr. C. Franceschi has been appointed Government Medical Officer at Lismore, New South Wales.

The following appointments have been made at the Sydney Hospital:—

Dr. N. M. A. Alexander, acting medical superintendent.
Dr. A. V. Meehan, assistant acting medical superintendent.
Dr. J. H. M'Carthy, medical registrar.
Dr. D. I. Smith, surgical registrar.
Dr. G. W. Sinclair, resident pathologist.

Dr. J. F. Merrillees has been appointed Acting Government Medical Officer at Roma, Queensland, during the absence of Dr. J. G. Avery.

Medical Appointments Vacant, etc.

For announcements of medical appointments vacant, assistants, locum tenentes sought, etc., see "Advertiser," page ix.

Ararat Hospital, Resident Medical Officer.
Wincannia and District, Medical Officer.
Queenstown Hospital, Mt. Lyell District, Medical Officers.
Brisbane Hospital, Resident Medical Officers.

Diary for the Month.

Aug. 17.—N.S.W. Branch, B.M.A., Executive and Finance Committee, Ethics Committee.
Aug. 18.—W. Aust. Branch, B.M.A., General.
Aug. 20.—Q. Branch, B.M.A., Council.
Aug. 24.—Vic. Branch, B.M.A., Eye and Ear Section.
Aug. 25.—Vic. Branch, B.M.A., Council.
Aug. 27.—N.S.W. Branch, B.M.A., Ordinary.
Aug. 27.—Melb. Hosp. Clin. Soc.
Aug. 31.—N.S.W. Branch, B.M.A., Organization and Science Committee, Medical Politics Committee.
Sept. 1.—West. Suburbs Med. Assoc., N.S.W.
Sept. 1.—Vict. Branch, B.M.A., Monthly.
Sept. 3.—Queensland Branch, B.M.A., Monthly.
Sept. 8.—Cent. South. Med. Assoc. (Queanbeyan), N.S.W.
Sept. 8.—Melb. Pediatric Soc.
Sept. 8.—South Sydney Med. Assoc., N.S.W.
Sept. 9.—Vict. Branch, B.M.A., Council.
Sept. 10.—N.S.W. Branch, B.M.A., Clinical. Last day for nomination of candidates for election of two members of Federal Committee.
Sept. 10.—South Aust. Branch, B.M.A., Council.
Sept. 14.—Tasmanian Branch, B.M.A., Monthly and Council.

Important Notice.

Medical practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429 Strand, London, W.C.

Branch.	APPOINTMENTS.
QUEENSLAND. (Hon. Sec. B.M.A. Building, Adelaide Street, Brisbane).	Brisbane United F.S. Institute. F.S. Lodges at Longreach.
WESTERN AUSTRALIA. (Hon. Sec. 230 St. George's Terrace, Perth).	Swan District Medical Officer. All Contract Practice Appointments in W.A.
NEW SOUTH WALES. (Hon. Sec. 30-34 Elizabeth Street, Sydney).	Australian Natives Association. Balmain United F.S. Dispensary. Burwood District F.S. Institute. Canterbury United F.S. Dispensary. Goulburn F.S. Association. Leichhardt and Petersham Dispensary. M.U. Oddfellows Med. Inst., Elizabeth Street, Sydney. Marrickville United Friendly Societies' Dispensary. Mullumbimby District Friendly Societies. N.S.W. Ambulance Association and Transport Brigade. N. Sydney United F.S. People's Prudential Benefit Society. Phœnix Mutual Provident Society. F.S. Lodges at Braidwood. F.S. Lodges at Casino. F.S. Lodges at Lithgow. F.S. Lodges at Mudgee. F.S. Lodges at Orange. F.S. Lodges at Parramatta, Penrith, and Auburn. F.S. Lodges at Wellington. Newcastle Collieries— Killingworth. Seaham Nos. 1 and 2. West Wallsend.
SOUTH AUSTRALIA. (Hon. Sec. 3 North Terrace, Adelaide).	The F.S. Medical Assoc. Incorp., Adelaide.

EDITORIAL NOTICES.

Manuscripts forwarded to the office of this Journal cannot under any circumstances be returned.

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